AU 60000000456

	ł
(Requestor's Name)	}
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	ł
Certified Copies Certificates of Status	
Special Instructions to Filing Officer: TILL ZAMM AS GAVE AUTHORIZATION BY PHONE TO TYPE IN TRUSTIES CORRECT NYME DATE 43 07 DOC. EXAM	
Office Use Only	



400066872444

04/03/06--01006--002 **1105.00

THE PHIZ: 50
2006 APR -3 PHIZ: 50
SECRETARY OF STATE A

DIVISION OF CONFORMION

Address City/State/Zip Phone #	5454 5454	TOTAL PROPERTY OF TOTAL PROPER
CODDODATION NAME(S) & DOCUM		Office Use Only
1. P (Corporation Name)	(Document #)	inown):
2. (Corporation Name)	(Document #)	
3. (Corporation Name)	(Document #)	
4.		
(Corporation Name) Walk in Pick up time	(Document #)	Certified Copy
Mail out Will wait	☐ Photocopy	Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A Change of Register Dissolution/Withdom	red Agent
OTHER FILINGS	REGISTRATION/QU	ALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	1, 1
		Examiner's Initials



Certificate of Conversion

For

"Other Business Organization"

Into

Florida Limited Partnership or Limited Liability Limited Partnership

This Certificate of Conversion and attached Certificate of Limited Partnership are submitted to convert the following "Other Business Entity" into a Florida Limited Partnership or Limited Liability Limited Partnership in accordance with s.620.2104, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

P Mar, Ltd.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a limited partnership
(Enter entity type. Example: corporation, limited liability company, sole proprietorship, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Texas
(Enter state, or if a non-U.S. entity, the name of the country)
on 11/29/02
(Enter date "Other Business Entity" was first organized, formed or incorporated)
3. The name of the Florida Limited Partnership or Limited Liability Limited Partnership as set forth in the attached Certificate of Limited Partnership:
P Mar, Ltd.
(Enter Name of Florida Limited Partnership or Limited Liability Limited Partnership)

4. The conversion was approved as required by Chapter 6 such a manner that complied with the converting organization.	
5. If not effective on the date of filing, enter the effective (The effective date: 1) cannot be prior to nor more that document is filed by the Florida Department of State; the effective date listed in the attached Certificate of Leffective date is listed therein.)	n 90 days after the date this AND 2) must be the same as
Signed this 29th day of March	20 <u>06</u>
Signature of Each General Partner Listed in Attached Cert The P Mar Management Trust By: Latricia Martin, Trustee Patricia Martin, Trustee	ificate of Limited Partnership:
Fees:	
Certificate of Conversion: Fees for Florida Certificate of Limited Partnership: (\$965 Filing Fee and \$35 Filing Fee)	\$ 52.50 \$1,000.00
Certified Copy:	\$ 52.50 (Optional)
Certificate of Status:	\$ 8.75 (Optional)

CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP



1. Piviar, Ltd.
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.
_{2.} 2520 Whispering Oaks Lane
(Street address of initial designated office)
Delray Beach, FL 33445
Robert Jacobowitz, Esq.
(Name of Registered Agent for Service of Process)
_{4.} 2255 Glades Road, Suite 340W
(Florida street address for Registered Agent)
Boca Raton, FL 33431
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
Signature of Registered Agent
5. 2520 Whispering Oaks Lane
(Mailing address of initial designated office)
Delray Beach, FL 33445
7. If limited partnership elects to be a limited liability limited partnership, check box

8. Name and business address of each ge Name:	neral partner: <u>Business Address:</u>
The P Mar Management	2520 Whispering Oaks Lane
	Delray Beach, FL 33445
Trust	
9. Effective date, if other than the date of filing:_	· · · · · · · · · · · · · · · · · · ·
(Effective date cannot be prior to nor mor filed by the Florida Department of State.)	re than 90 days after the date the document is
Signed this 29 th day of	March, 2006
	,
Signature of each general partner: The P Mar Management Trust By: Paricia A. White 11EE	
Patricia Martin, Trustee	
Filing Fees: \$1,0 Certified Copy (optional): \$ Certificate of Status (optional): \$	000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) 52.50 8.75