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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

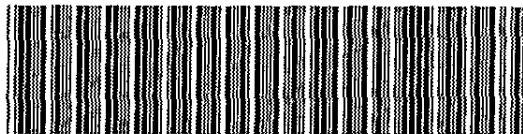
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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249 ROYAL PALM WAY
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PALM BEACH, FL 33480
PLEASE REPLY TO:
PALM BEACH GARDENS

January 19, 2007

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

RE: B & K Family Limited Partnership

Dear Sir or Madam:

Enclosed please find a Certificate of Conversion along with a Certificate of Limited Partnership for filing with the State of Florida. We have also enclosed our check in the amount of \$1,052.20 for the filing fee of the conversion and the new partnership.

Should you need anything further, please do not hesitate to contact me at the 800 number listed above. Thank you.

Very truly yours,


Patti K. Babka, CLA
Certified Legal Assistant

Enclosure(s) as Stated

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TALLAHASSEE, FLORIDA

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:

THE B & K FAMILY LIMITED PARTNERSHIP

(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 Nevada

(Enter state, or if a non-U.S. entity, the name of the country)

on March 17, 1995

(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**:

THE B & K FAMILY LIMITED PARTNERSHIP

(Enter Name of Florida Limited Partnership or Limited Liability Limited Partnership)

4. The conversion was approved as required by Chapter 620, F.S., and was approved in such a manner that complied with the converting organization's governing law.

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Limited Partnership, if an effective date is listed therein.)

Signed this 3rd day of January, 20 07.

Signature of Each General Partner Listed in Attached Certificate of Limited Partnership:

Fees:

Certificate of Conversion:	\$ 52.50
Fees for Florida Certificate of Limited Partnership:	\$1,000.00
(\$965 Filing Fee and \$35 Filing Fee)	
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. TH B & K FAMILY LIMITED PARTNERSHIP

(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. 3495 FOREST HILLS COURT, PALM CITY, FLORIDA 34990

(Street address of initial designated office)

3. MICHAEL S. SINGER, ESQ.

(Name of Registered Agent for Service of Process)

4. 3801 PGA BOULEVARD, SUITE 604

(Florida street address for Registered Agent)

PALM BEACH GARDENS, FL 33410

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

6. 3495 FOREST HILLS COURT, PALM CITY, FLORIDA 34990

(Mailing address of initial designated office)

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

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8. Name and business address of each general partner:

Name:

Business Address:

LESLIE BERGHASH

3495 SW FOREST HILLS COURT

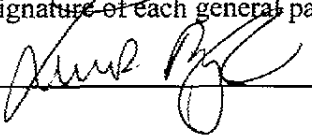
PALM CITY, FLORIDA 34990

9. Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Signed this 3rd day of January, 2007

Signature of each general partner:



Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

\$52.50

\$8.75

Page 2 of 2

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