A0700000376

| (Re | equestor's Name) | | |
|---|-------------------|-------------|--|
| (Ad | ldress) | | |
| (Ad | ldress) | | |
| (Cit | ty/State/Zip/Phon | e #) | |
| <u></u> | WAIT | MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | _ Certificate | s of Status | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| · | Ø. | | |
| | | 2/28 | |

Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: MAND C CIRRITO FAMILY LIMITE | PARTNERSHIP |
| (Name of Resulting Florida Limited Partnership | or Limited Liability Limited Partnership) |
| The enclosed Certificate of Conversion, Certificate of submitted to convert an "Other Organization" into a F Limited Liability Limited Partnership in accordance v | Ilorida Limited Partnership or |
| Please return all correspondence concerning this matter | er to: |
| DONALD CIERTHO | |
| (Contact Person) SC MANAGE MENT, INC. | |
| (Firm/Company) | |
| 5014 N. US 1 | |
| (Contact Person) SCMANAGE MENT, INC. (Firm/Company) SOIY N. US / (Address) FT PLICE, FL 34946 (City, State and Zip Code) | |
| (City, State and Zip Code) | |
| For further information concerning this matter, please | call: |
| Daval Cleetto at 7 | 12 1466-7747 |
| (Name of Contact Person) (Are: | 12) 406-7747 a Code and Daytime Telephone Number) |
| Enclosed is a check for the following amount: | |
| \$1,052.50 Filing Fees \$1,061.25 Filing Fees \$1,105.05 and Certificate of and \$1,000 - Certificate) Status | 00 Filing Fees \$\sum \\$1,113.75 Filing Fees, Certified Copy, and Certificate of Status |
| STREET ADDRESS: | AILING ADDRESS: |
| Registration Section Re | egistration Section |
| Division of Corporations D | ivision of Corporations |
| 8//1 50 | O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, FL 32301 | allahassee, FL 32314 |

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: | | | |
|--|--|--|--|
| MAND C CIERTHO FAMILY LIMITED PARTNELSHIP (Enter Name of Other Business Entity) | | | |
| | | | |
| 2. The "Other Business Entity" is a Limited factors HIA | | | |
| (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 | | | |
| (Enter state, or if a non-U.S. entity, the name of the country) | | | |
| on | | | |
| (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: | | | |
| MAND C CIERTTO FAMILY CIMITED PARTWELSHIP | | | |
| 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 organizate | | |
|---|--------------------|---|
| 5. If not effective on the date of filing, enter the effective of (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 Li effective date is listed therein.) | n 90 <u>ANI</u> | days after the date this 2) must be the same as |
| Signed this 20 day of FEBRARY | 2 | .0 <u>07</u> . |
| Signature of Each General Partner Listed in Attached Certification of Landing Courses Course | ifice | nte of Limited Partnership: |
| Fees: | | |
| Certificate of Conversion: Fees for Florida Certificate of Limited Partnership: (\$965 Filing Fee and \$35 Filing Fee) Certified Copy: | | |
| Certificate of Status: | \$ \$ | 52.50 (Optional) 8.75 (Optional) |

CERTIFICATE OF LIMITED PARTNERSHIP FLORIDA LIMITED PARTNERSHIP LIMITED LIABILITY LIMITED PARTNERSHIP

| 1. MAND C CLERTO FAMILY LIMITED PARTWERSHIP |
|---|
| (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. SOIY N. US / (Street address of initial designated office) |
| (Street address of initial designated office) |
| F+Hace, FL 34946 |
| 3. DONALD CIRRITS |
| (Name of Registered Agent for Service of Process) |
| 4. SOI4 N, US 1 |
| (Florida street address for Registered Agent) |
| 4. SOI4 N. US / (Florida street address for Registered Agent) Alfice, FL 34946 |
| 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 an accept the obligations of my position as registered agent. |
| Signature of Registered Agent |
| 6. SOI4 N. US 1 |
| (Mailing address of initial designated office) |
| FI PARCE FL 34946 |
| 7. If limited partnership elects to be a limited liability limited partnership, check how |

| Filing Fees: Certified Copy (optional): | \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$ 52.50 | | | | |
|---|---|--|--|--|--|
| Signature of each general partner: | GENERAL PARTIEL GENERAL PARTIEL | | | | |
| filed by the Florida Department of S Signed this <u>20+H</u> day o | | | | | |
| | or more than 90 days after the date the document is | | | | |
| 9. Effective date, if other than the date of filing: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | VPIO | | | | |
| | | | | | |
| W TOTOM 2 THEN | FT ARCK FL 34946 | | | | |
| CAROLINE CIRRITO | SI4 N. US 1 | | | | |
| MICHAEL CIRKITO | 5014 N. USI Ft Asse PL 34946 | | | | |
| MICHAEL CIRRITO | · · · · · · · · · · · · · · · · · · · | | | | |
| 8. Name and business address of ean Name: | acn general partner: Business Address: | | | | |