

A07000000495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

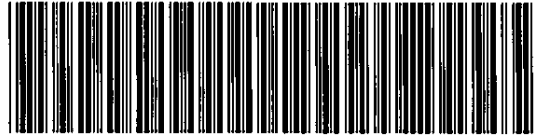
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Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 819690 4144K

AUTHORIZATION :

COST LIMIT : \$ 1052.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : March 26, 2007

ORDER TIME : 10:02 AM

ORDER NO. : 819690-010

CUSTOMER NO: 4144K

DOMESTIC FILING

NAME: SOUTHERN EQUITY HOTEL PARTNERS
I, L.P.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP
ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis - EXT. 2926

EXAMINER'S INITIALS: _____

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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:

SOUTHERN EQUITY HOTEL PARTNERS I, L.P.

(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 Georgia

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

on April 19, 2006

(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**:

SOUTHERN EQUITY HOTEL PARTNERS I, L.P.

(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 28th day of February, 20 07.

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

AMERICAN HOTEL DEVELOPMENT PARTNERS, LLC

By: _____

Alessandro A. Giannini, Manager

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**

FILED
07 MAR 26 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. SOUTHERN EQUITY HOTEL PARTNERS I, L.P.

(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. 8620 South Tamiami Trail, Suite N-P

(Street address of initial designated office)

Sarasota, FL 34238

3. Alessandro A. Giannini

(Name of Registered Agent for Service of Process)

4. 8620 South Tamiami Trail, Suite N-P

(Florida street address for Registered Agent)

Sarasota, FL 34238

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.*

By: 

Signature of Registered Agent

6. 8620 South Tamiami Trail, Suite N-P, Sarasota, FL 34238

(Mailing address of initial designated office)

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

8. Name and business address of each general partner:

Name:

Business Address:

American Hotel Development Partners, LLC

8620 South Tamiami Trail, Suite N-P

LU7000032002

Sarasota, FL 34238

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 28th day of February, 2007

Signature of each general partner:

AMERICAN HOTEL DEVELOPMENT PARTNERS, LLC

By: 

Alessandro A. Giannini, Manager

Filing Fees:

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

Certified Copy (optional):

\$ 52.50

Certificate of Status (optional):

\$ 8.75