

A07000000954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

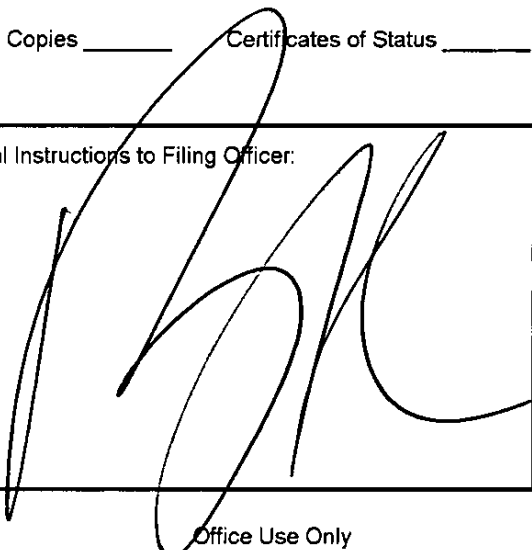
PICK-UP WAIT MAIL

(Business Entity Name)

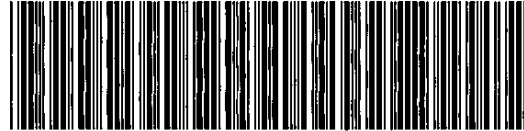
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



Office Use Only



700107516297

08/10/07--01004--003 **1113.75

RECEIVED
07 AUG -9 PH 3:45
STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 AUG -9 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 08/08/07

REF. #: 000672.72945

CORP. NAME: LINDSEY FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP

07 AUG -9 AM 10:36
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input checked="" type="checkbox"/> OTHER: CERTIFICATE OF CONVERSION | | |

STATE FEES PREPAID WITH CHECK# 522409 FOR \$ 1113.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input checked="" type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

CERTIFICATE OF CONVERSION

For

“Other Business Organization”

Into

Florida 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 liability limited partnership in accordance with Section 620.2104, *Florida Statutes*.

FIRST: The name of the “Other Business Entity” immediately prior to the filing of this Certificate of Conversion is **LINDSEY FAMILY LIMITED PARTNERSHIP** (the “Converting Entity”).

SECOND: The Converting Entity is a Texas limited partnership first formed under the laws of the State of Nevada on December 28, 1995.

THIRD: The name of the Florida limited liability limited partnership as set forth in the attached Certificate of Limited Partnership is **LINDSEY FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP**.

FOURTH: The conversion was approved as required by Chapter 620, *Florida Statutes*, and was approved in such a manner that complied with the Converting Entity’s governing law.

FIFTH: The effective date of the conversion shall be the date of filing of this Certificate of Conversion and the attached Certificate of Limited Partnership.

The undersigned, constituting all of the General Partners listed in the attached Certificate of Limited Partnership, signed this Certificate of Conversion on the 19 day of June, 2007.



VINCENT J. NAIMOLI

FILED
07 AUG -9 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 AUG -9 AM 10:36
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF LIMITED PARTNERSHIP OF
LINDSEY FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP**

The undersigned hereby executes and swears to this Certificate of Limited Partnership for the purpose of forming a limited partnership (the "Partnership") under the laws of the State of Florida:

1. **Name of the Partnership.** The name of the Partnership shall be **LINDSEY FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP**.

2. **Address of Designated Office; Agent for Service of Process.** The records to be kept pursuant to *Florida Statutes* Section 620.1111 shall be located at **16616 Villa Lenda De Avila, Tampa, Florida 33613**, and the name of the Partnership's agent for service of process is **F&L Corp, One Independent Drive, Suite 1300, Jacksonville, Florida 32202**.

3. **Name and Address of the General Partner.** The name and address of the General Partner of the Partnership are as follows:

<u>Name</u>	<u>Address</u>
Vincent J. Naimoli	16616 Villa Lenda De Avila Tampa, Florida 33613

4. **Mailing Address for the Partnership.** The mailing address for the Partnership shall be **16616 Villa Lenda De Avila, Tampa, Florida 33613**.

5. **Term.** The term for which the Partnership is to exist shall continue in perpetuity from the filing of this Certificate of Limited Partnership with the Secretary of State of the State of Florida, unless sooner terminated in accordance with a Limited Liability Limited Partnership Agreement for Lindsey Family Limited Liability Limited Partnership.

6. **Limited Liability Limited Partnership.** The Partnership elects to be a limited liability limited partnership.

DATED this 19 day of June, 2007.

GENERAL PARTNER:



VINCENT J. NAIMOLI

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the Partnership, at the place designated herein, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

F&L CORP

Dated the 8th day of August, 2007

By: 

Albert P. Silva, Vice President