

A07000001437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

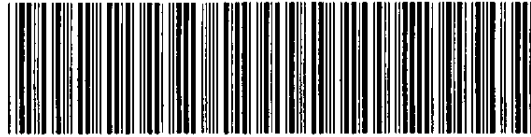
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

DEC 31 2007

EXAMINER

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

FILING COVER SHEET
ACCT. #FCA-14

07 DEC 28 AM 11:05
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT: KATIE WONSCH

DATE: 12/28/2007

REF. #: 000170.79118

CORP. NAME: BERKMAN FAMILY LIMITED PARTNERSHIP (NV) converting into BERKMAN FAMILY LIMITED PARTNERSHIP (FL)

- | | | |
|--|---|--|
| <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 | | |
| (XX) OTHER: CERTIFICATE OF CONVERSION | | |

STATE FEES PREPAID WITH CHECK# 524137 FOR \$ 1,105.00

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 type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

BERKMAN FAMILY LIMITED PARTNERSHIP
CERTIFICATE OF CONVERSION

Pursuant to the provisions of Section 620.2104 of the Florida Revised Uniform Limited Partnership Act (the "FL Act"), BERKMAN FAMILY LIMITED PARTNERSHIP, a Nevada limited partnership (the "Partnership"), hereby delivers this CERTIFICATE OF CONVERSION for the purpose of converting the Partnership from a Nevada limited partnership to a Florida limited partnership pursuant to the provisions of Section 620.2102 of the FL Act and Section 92A.105 of the Nevada Revised Statutes (the "NV Act").

1. The Partnership was converted from a Nevada limited partnership.
2. The name of the converting organization is BERKMAN FAMILY LIMITED PARTNERSHIP, a limited partnership formed under the laws of the State of Nevada, on December 29, 1998.
3. The conversion was approved as required by the FL Act.
4. The conversion was approved in a manner that complied with the NV Act.

BERKMAN FAMILY LIMITED PARTNERSHIP
a Nevada limited partnership

By: _____

Name: Kirsten S. Berkman

Title: General Partner

Date: 12/22/07

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TALLAHASSEE, FLORIDA

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Berkman 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 LLP.*

2. 3401 South Beach Drive, Tampa, FL 33629

(Street address of initial designated office)

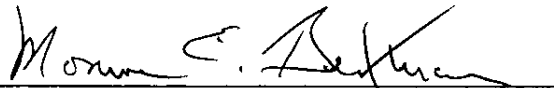
3. Monroe E. Berkman

(Name of Registered Agent for Service of Process)

4. 3401 South Beach Drive, Tampa, FL 33629

(Florida street address for Registered Agent)

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. 3401 South Beach Drive, Tampa, FL 33629

(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:

Kirsten S. Berkman

7 East 14th St. Apt. 92B

New York, NY 10003

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 22nd day of December, 2007.

Signature of each general partner:

Kirsten S. Berkman
Kirsten S. Berkman

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

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

\$52.50

• **\$8.75**