

AD91000000567

(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:

**L. SELLERS**

AUG 11 2009

**EXAMINER**

Office Use Only



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**FILED**  
09 AUG -7 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**M. BURR KEIM COMPANY**

2021 ARCH STREET  
PHILADELPHIA, PA 19103-1491  
(215) 563-8113  
(FAX) (215) 977-9386  
1-800-533-8113

August 4, 2009

EXPEDITED SERVICES  
Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: BLOHM FAMILY LIMITED PARTNERSHIP

Ladies/Gentlemen:

Enclosed is a Certificate of Conversion and Certificate of Limited Partnership for the above. Also enclosed is our check for \$1,052.50 for the filing fee.

Please expedite the filing and return confirmation of filing to us as soon as possible.

We thank you for your assistance.

Very truly yours,

M. BURR KEIM COMPANY

  
Robert Worthington

RW:jfw  
Enclosure

**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:

**BLOHM 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,  
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of \_\_\_\_\_ Pennsylvania  
(Enter state, or if a non-U.S. entity, the name of the country)

on \_\_\_\_\_ September 13, 1999  
(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:

**BLOHM 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.)

**FILED**  
**09 AUG - 7 PM 12: 28**  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Signed this 30th day of July, 20 2009.

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

Signature: [Signature]  
Printed Name: William H. Blohm Title: General Partner

Signature: [Signature]  
Printed Name: Diane G. Blohm Title: General Partner

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: [Signature]  
Printed Name: William H. Blohm Title: General Partner

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.

If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**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. BLOHM 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. 537 Montage Lane, Kissimmee, FL 34759  
(Street address of initial designated office)

3. William H. Blohm  
(Name of Registered Agent for Service of Process)

4. 537 Montage Lane, Kissimmee, FL 34759  
(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. 537 Montage Lane, Kissimmee, FL 34759  
(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:

William H. Blohm

537 Montage Lane, Kissimmee, FL 34759

Diane G. Blohm

537 Montage Lane, Kissimmee, FL 34759

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 26 day of June, 2009.

Signature of each general partner:

William H. Blohm

Diane G. Blohm

**Filing Fees:**

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

**Certified Copy (optional):**

**\$52.50**

**Certificate of Status (optional):**

**\$8.75**