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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

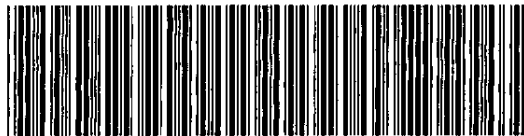
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 12 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALUISE FIRST FAMILY LLLP  
Name of Resulting Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Conversion, Certificate of Limited Partnership, and fees are submitted to convert an "Other Organization" into a Florida Limited Partnership or Limited Liability Limited Partnership in accordance with s. 620.2104, F.S.

Please return all correspondence concerning this matter to:

JOSEPH R. ALUISE, SR.

Contact Person

Firm/Company

1545 MARSH WREN LANE

Address

NAPLES, FLORIDA 34105

City, State and Zip Code

ELDERLAWMANAGEMENT@VERIZON.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH R. ALUISE, SR.

Name of Contact Person

at ( 239 )

961-1488

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$1,052.50 Filing Fees ☐ \$1,061.25 Filing Fees ☒ \$1,105.00 Filing Fees ☐ \$1,113.75 Filing Fees,  
(\$52.50 for Conversion and Certificate of Status and Certified Copy and Certified Copy, and  
and \$1,000 - Certificate) Status Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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**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:

**ALUISE FIRST FAMILY LIMITED PARTNERSHIP**

**(Enter Name of Other Business Entity)**

2. The "Other Business Entity" is a **MARYLAND 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 **MARYLAND**  
**(Enter state, or if a non-U.S. entity, the name of the country)**

on **06/16/1994**  
**(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**:

**ALUISE FIRST FAMILY LLLP**

**(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 1<sup>ST</sup> day of AUGUST, 2009.

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

Signature: [Signature]  
Printed Name: JOSEPH R. ALUISE, SR. Title: GENERAL PARTNER

Signature: [Signature]  
Printed Name: LINDA ALUISE 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: JOSEPH R. ALUISE, SR. 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: (\$965 Filing Fee and \$35 Filing Fee)	\$1,000.00
Certified Copy:	\$ 52.50 (Optional)
Certificate of Status:	\$ 8.75 (Optional)

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TALLAHASSEE, FLORIDA

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

1. ALUISE FIRST FAMILY LLLP

(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. 1545 MARSH WREN LANE

Street address of initial designated office

NAPLES, FLORIDA 34105

3. JOSEPH R. ALUISE, SR.

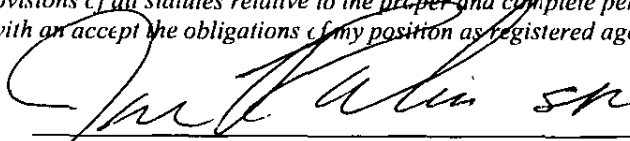
Name of Registered Agent for Service of Process

4. 1545 MARSH WREN LANE

Florida street address for Registered Agent

NAPLES, FLORIDA 34105

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. 1545 MARSH WREN LANE

Mailing address of initial designated office

NAPLES, FLORIDA 34105

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

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8. Name and business address of each general partner:

Name:

Business Address:

JOSEPH R. ALUISE, SR.

1545 MARSH WREN LANE

NAPLES, FLORIDA 34105

LINDA ALUISE

1545 MARSH WREN LANE

NAPLES, FLORIDA 34105

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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 \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of each general partner:

*Joe R. Aluise SR*

*Linda Aluise*

**Filing Fees:**

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

**Certified Copy (optional):**

**\$ 52.50**

**Certificate of Status (optional):**

**\$ 8.75**