

AD90000000657

(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:

WD9000040033

Office Use Only



600159849786

09/03/09--01020--022 **1105.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
SEP 15 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Struzziero 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:

Contact Person

CLASP, Inc.
Firm/Company

3001 Tamiami Trail North, Suite 400
Address

Naples, FL 34103
City, State and Zip Code

malaimo@cl-law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marve Ann Alaimo
Name of Contact Person
at (239) 390-8060
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 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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TALLAHASSEE, FLORIDA

CUMMINGS & LOCKWOOD LLC



Marve Ann M. Alaimo
Principal
Master of Laws in Estate
Planning and Board Certified
Wills, Trusts & Estates Lawyer

239.390.8060 Direct
239.430.3370 Fax
malaimo@cl-law.com
www.cl-law.com

The Brooks Grand Plaza
8000 Health Center Boulevard
Suite 300
Bonita Springs, FL 34135
239.947.8811 Phone
239.947.8025 Fax

September 11, 2009

Florida Department of State
Division of Corporations
ATTN: Deborah Bruce
P.O. Box 6327
Tallahassee, FL 32314

Re: The Struzziero Family LLP

Dear Ms. Bruce:

Enclosed is the signed *Certificate of Limited Partnership for Florida Limited Liability Limited Partnership*, which I inadvertently neglected to execute as the registered agent when I mailed to you recently. I have attached a copy of your September 4, 2009 correspondence for your reference.

Please file the enclosed in your usual manner and return the certified copy to me in the enclosed, self-addressed, stamped envelope provided.

If you have any questions concerning this request, please do not hesitate to contact me.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Marve Ann M. Alaimo'.

Marve Ann M. Alaimo

MAA/lsm
Enclosure

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2009

CLASP, INC.
3001 TAMiami TRAIL NORTH, SUITE 400
NAPLES, FL 34103

SUBJECT: THE STRUZZIERO FAMILY LLLP
Ref. Number: W09000040033

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for THE STRUZZIERO FAMILY LLLP and your check(s) totaling \$1105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 809A00029635

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:

The Struzziero 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, sole proprietorship, general partnership, common law or business trust, etc)

first organized, formed or incorporated under the laws of _____ Maine

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

on 11/04/1997

(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**:

The Struzziero 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.)

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TALLAHASSEE, FLORIDA

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Signed this 24 day of August, 2009.

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

Signature: [Signature]
Printed Name: Ralph E. Struzziero Title: General Partner

Signature: _____
Printed Name: _____ Title: _____

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: Ralph E. Struzziero 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

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

1. The Struzziero 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. 24330 Sandpiper Isle Way #104, Bonita Springs, FL 34134

Street address of initial designated office

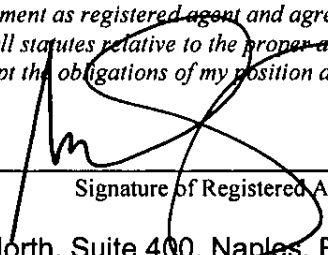
3. CLASP, Inc.

Name of Registered Agent for Service of Process

4. 3001 Tamiami Trail North, Suite 400, Naples, FL 34103

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. 3001 Tamiami Trail North, Suite 400, Naples, FL 34103

Mailing address of initial designated office

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:

Ralph E. Struzziero

24330 Sandpiper Isle Way #104

Bonita Springs, FL 34134

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 24th day of August, 2009.

Signature of each general partner:

Ralph E. Struzziero

Filing Fees:

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

Certified Copy (optional):

\$ 52.50

Certificate of Status (optional):

\$ 8.75

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TALLAHASSEE, FLORIDA

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