

A09000000759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

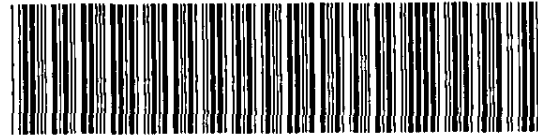
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400161880684

10/28/09--01037--011 \*\*1061.25

RECEIVED

09 OCT 28 AM 11:36

OFFICE OF THE  
CLERK OF THE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

09 OCT 28 PM 1:35

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

B. KOHR

OCT 29 2009

EXAMINER



UCC FILING & SEARCH SERVICES, INC.  
1574 Village Square Blvd Ste 100  
Tallahassee, Florida 32309  
(850) 681-6528

**HOLD**  
FOR PICKUP BY  
UCC SERVICES  
OFFICE USE ONLY

October 28, 2009

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

Montierra, LLC

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 OCT 28 PM 1:35

**Filing Evidence**

☒ Plain/Confirmation Copy

☐ Certified Copy

**Type of Document**

☐ Certificate of Status

☒ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include  
Articles & Amendments

☐ Fictitious Name Certificate

☐ Other

**Retrieval Request**

☐ Photocopy

☐ Certified Copy

NEW FILINGS	
	Profit
	Non Profit
	Limited Liability
	Domestication
X	Other - Conv

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 28, 2009

UCC FILING & SEARCH SERVICES, INC.

TALLAHASSEE, FL

SUBJECT: MONTIERRA, LLC  
Ref. Number: L09000082588

**RUSH**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 OCT 28 PM 1:35

**RESUBMISSION**  
PLEASE HONOR ORIGINAL  
DATE OF SUBMISSION  
AS FILE DATE

10/28

We have received your document for MONTIERRA, LLC and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the conversion cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Florida Limited Partnership.

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) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 409A00034198

RECEIVED  
09 OCT 29 AM 10:45  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**Certificate of Conversion**  
For  
**"Other Business Organization"**

Into  
**Florida Limited Partnership or Limited Liability Limited Partnership**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 OCT 28 PM 1:35

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:

MONTIERRA, LLC  
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a limited liability company  
(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 the State of Florida  
(Enter state, or if a non-U.S. entity, the name of the country)

on August 26, 2009  
(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**:

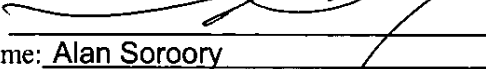
MONTIERRA, LLLP  
(Enter Name of Florida Limited Partnership or Limited Liability Limited Partnership)

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 27<sup>th</sup> day of October, 2009.

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

Signature:   
Printed Name: Alan Soroory Title: General Partner

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

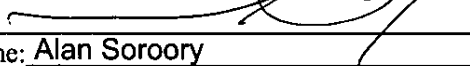
Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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:   
Printed Name: Alan Soroory Title: Managing Member

**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**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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1. MONTIERRA, 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. 1936 W. MLK Blvd., Tampa, Florida 33607  
Street address of initial designated office

3. Alan Soroory  
Name of Registered Agent for Service of Process

4. 1936 W. MLK Blvd., Tampa, Florida 33607  
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. P.O. Box 1031, Tampa, Florida 33601  
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:

Alan Soroory

1936 W. MLK Blvd.,

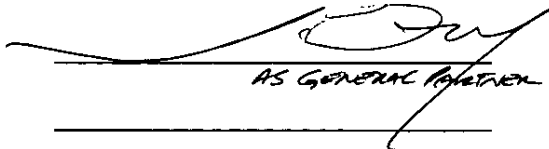
Tampa, Florida 33607

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 27<sup>th</sup> day of October, 2009.

Signature of each general partner:

  
AS GENERAL PARTNER

**Filing Fees:**

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

**Certified Copy (optional):**

**\$ 52.50**

**Certificate of Status (optional):**

**\$ 8.75**