# A0900000804

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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TALL CLASSES FLORIDA

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**EXAMINER** 

09 OCT 19 PH L: OR

CORPDIRECT AGI 515 EAST PARK AV TALLAHASSEE, FI 222-1173	VENUE	rmerly CCRS)	
FILING COVER ACCT. #FCA-14	SHEET		OBUCT TO BY 11.08
CONTACT:	ASHLEY S	<u>MITH</u>	2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
DATE:	10-19-2009		4. Mg
REF. #:	001484.113	<u>153</u>	
CORP. NAME:	ALLEN SE	CURITIES CO., L.P.	
( ) ARTICLES OF INC	ORPORATION	( ) ARTICLES OF AMENDMENT	( ) ARTICLES OF DISSOLUTION
( ) ANNUAL REPORT		( ) TRADEMARK/SERVICE MARK	( ) FICTITIOUS NAME
( ) FOREIGN QUALIF	ICATION	( ) LIMITED PARTNERSHIP	( ) LIMITED LIABILITY
( ) REINSTATEMENT		( ) MERGER	( ) WITHDRAWAL
( ) CERTIFICATE OF	CANCELLATION	· · · · · · · · · · · · · · · · · · ·	
(XX) OTHER: CERTIFI	CATE OF CONV	ERSION	
		ITH CHECK# <u>5323 37</u> CCOUNT IF TO BE DEBITE	
		COST LI	MIT: \$
PLEASE RETU	RN:		
( ) CERTIFIED COP ( ) CERTIFICATE O		CERTIFICATE OF GOOD STANDING	(XX) PLAIN STAMPED COPY

Examiner's Initials



### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 19, 2009

ASHLEY SMITH CORPDIRECT AGENTS TALLHASSEE, FL

SUBJECT: ALLEN SECURITIES CO., L.P.

Ref. Number: W09000046490

Mens Kerp Oct 19, 2009 as Alie Dote.

030C1 | 9 PM 11: 08

We have received your document for ALLEN SECURITIES CO., L.P. and your check(s) totaling \$1052.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$1,052.50 payment.

The Certificate of Conversion is signed by the resulting entity. But it must ALSO be signed by the converting entity -- the "Other Business Entity".

ALSO, please note that the resulting Florida limited partnership cannot use the suffix "Co." in its name.

It could use the name "ALLEN SECURITIES, L.P."

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) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 009A00033378=

RECEIVED

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\* Please use original submission date as file date \*

## Certificate of Conversion

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1::

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:
Allen Securitles Co., L.P.
(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
(Editer state, or if a non-o.s. entity, the name of the country)
on May 21, 2002 (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:
Allen Securities Group, L.P.
(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: upon filing .
(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; <u>AND</u> 2) must be the same as the effective date listed in the attached Certificate of Limited Partnership, if an effective date is listed therein.)

14	
Signed this day of October	. 20_09
Signature of Each General Partner Listed in Attac Partnership/Limited Liability Limited Partnership	thed Certificate of Limited
Signature	
Printed Name: John C. Ptilen	Title: President of GP
Signature:	
Printed Name:	Γitle:
Signature:	
Signature: Printed Name:	Γitle:
Signature: Printed Name:	Title:
Signature:	
Printed Name:	litle:
Signature:	
Signature: Printed Name:	Title:
Required Signature(s) on behalf of Other Business E signature(s).	stity: [See below for required
Signature: C. Moore 7	itle: Authorized Rep. of GP
Times Name.	THE THE WAY ZEA RED. OF GP
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or Off	cer.
If Directors or Officers have not been selected, an Incorp	orator must sign.
If Florida General Partnership or Limited Liability P	artnership:
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:	<b>\$</b> 52.50
Fees for Florida Certificate of Limited Partners (\$965 Filing Fee and \$35 Filing Fee)	hip: \$1,000.00
Certified Copy:	\$ 52.50 (Optional)
Certificate of Status:	\$ 8.75 (Optional)



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

1Allen Securities Group, L.P.
(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.P. or LLLP.
2. 1001 Brickeil Bay Drive, Suite 1900
Street address of initial designated office
Miami, FLorida 33131-4900
3, Thomas C. Nash
Name of Registered Agent for Service of Process
4. 625 Court Street, Suite 200
Florids street address for Registered Agent
Clearwater, Florida 33756
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 an accept the obligations of my position as registered agent.
Signature of Registered Agent
6. 1001 Brickeil Bay Drive, Suite 1900
Mailing address of initial designated office
Miami, Florida 33131-4900
7. If limited partnership elects to be a limited liability limited partnership, check box

	Business Address:	
St. Regis Group, Inc.	1001 Brickell Bay Drive, Suite 1900	
	Mlami, Florida 33131-4900	
PUSUU 105667		
V /		
9. Effective date, if other than the date of filing: U	pon filing	
(Effective data accept be enlar to man more)	ik 00 dana aftar ika data tha dammant i	
	than 90 days after the date the document i	
filed by the Florida Department of State.)	* *	
Signed this day of	* *	
Signed this day of	October , 2009 .	
(Effective date cannot be prior to nor more if filed by the Florida Department of State.)  Signed this day of  Signature of each general partner:	* *	
Signed this day of	October , 2009 .	
Signed this day of	October , 2009 .	
Signed this day of Signature of each general partner:	October , 2009 .	