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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 \_\_\_\_\_

Special Instructions to Filing Officer:

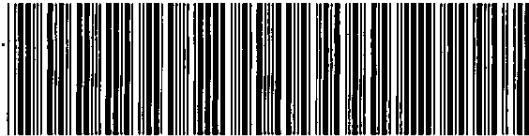
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Office Use Only

G. MCLEOD

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EXAMINER



400157356124

06/19/09--01035--016 \*\*1000.00

400157356124  
12/10/09--01003--012 \*\*52.50

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 DEC 21 PM 12:30

1009-29217  
1009-54434



*Traditional Personal Service*

December 8, 2009

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

Re: NHC Unity, LLLP

Enclosed is a Certificate of Conversion for NHC Unity, LLLP, which is currently registered in the State of Delaware, and a check in the amount of \$52.50 for the conversion fee.

I have also enclosed a Certificate of Limited Partnership for the company. The filing of fee of \$1,000 has been submitted previously, pursuant to the enclosed correspondence.

If you have any questions, please contact me by e-mail at [blambert@shamslawfirm.com](mailto:blambert@shamslawfirm.com) or telephone, (407) 671-3131.

Sincerely,

A handwritten signature in cursive script that reads "Barbara J. Lambert".

Barbara J. Lambert  
assistant to Maurice Shams

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NHC Unity, 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:

Maurice Shams

Contact Person

Shams Law Firm, P.A.

Firm/Company

1015 Maitland Center Commons Blvd., #110

Address

Maitland, FL 32751

City, State and Zip Code

mshams@shamslawfirm.com

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

For further information concerning this matter, please call:

Maurice Shams

Name of Contact Person

at ( 407 ) 671-3131

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 \$1,000 - Certificate) and Certified Copy Certified Copy, and  
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

**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:

NHC Unity, LLLP

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a limited liability 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 Delaware

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

on 8/8/2006

(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**:

NHC Unity, 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.)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
09 DEC 21 PM 12:30

Signed this 29<sup>th</sup> day of November, 2009.

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

Signature: Galen C. Le  
 Printed Name: Galen C. Le Title: Manager, Condesplanade, LLC  
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: Galen C. Le  
 Printed Name: Galen C. Le Title: Manager, Condesplanade, LLC  
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. NHC Unity, LLLP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  
*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., or Ltd.*  
*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P., or L.L.L.P.*

2. 8727 Lost Cove Dr., Orlando, FL 32819

Street address of initial designated office

3. Maurice Shams

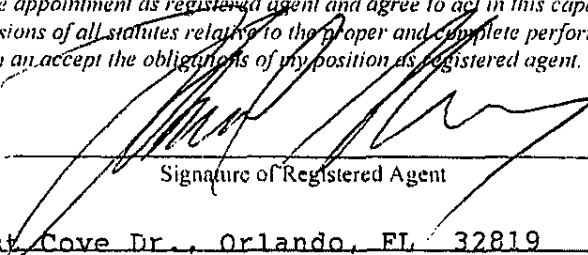
Name of Registered Agent for Service of Process

4. 1015 Maitland Center Commons Blvd., #110

Florida street address for Registered Agent

Maitland, FL 32751

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. 8727 Lost Cove Dr., Orlando, FL 32819

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:Condesplanade, LLC8727 Lost Cove Dr.Orlando, FL 32819

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:

Galen C. Le, ManagerCondesplanade, LLC; 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