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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

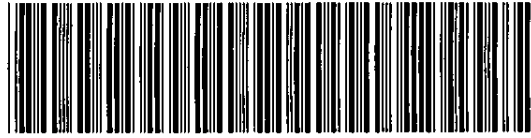
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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B. KOHR

MAY 25 2010

EXAMINER

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
MAY 25 PM 2:20



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 392329 4727100

AUTHORIZATION :

*Spudelman*

COST LIMIT : \$ 1052.50

REGISTERED STATE  
OFFICE OF CORPORATIONS  
10 MAY 25 PM 2:20

ORDER DATE : May 21, 2010

ORDER TIME : 11:14 AM

ORDER NO. : 392329-005

CUSTOMER NO: 4727100

DOMESTIC FILING

NAME: SCOTT A. EDWARDS & SHIRLEY A.  
EDWARDS, LIMITED PARTNERSHIP

EFFECTIVE DATE:

XX CERTIFICATE OF CONVERSION  
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: \_\_\_\_\_

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

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

FILED  
STATE DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
10 MAY 25 PM 2:20

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:

Scott A. Edwards & Shirley A. Edwards, 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, 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 May 20, 1998  
(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**:

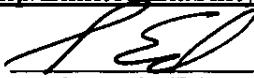
Scott A. Edwards & Shirley A. Edwards, Limited Partnership  
(Enter Name of Florida Limited Partnership or Limited Liability Limited Partnership)

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; **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 30 day of April, 2010.

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

Signature:   
Printed Name: Scott A. Edwards 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: Scott A. Edwards 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)

FILED  
IN THE OFFICE OF THE  
CLERK OF THE  
DIVISION OF CORPORATIONS  
10 MAY 25 PM 2:20

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

1. Scott A. Edwards & Shirley A. Edwards, Limited Partnership

(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. 5529 Pennock Point Road

Street address of initial designated office

Jupiter, FL 33458-3449

3. Scott A. Edwards

Name of Registered Agent for Service of Process

4. 5529 Pennock Point Road

Florida street address for Registered Agent

Jupiter, FL 33458-3449

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  
Scott A. Edwards, Resident Agent

6. 5529 Pennock Point Road

Mailing address of initial designated office

Jupiter, FL 33458-3449

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:

Scott A. Edwards

5529 Pennock Point Road

Jupiter, FL 33458-3449


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9. Effective date, if other than the date of filing: Upon 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 30 day of April, 2010.

Signature of each general partner:

  
\_\_\_\_\_  
Scott A. Edwards, 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