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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section	
Division of Corporations	·
SUBJECT: SERE Flagler View, LP	Partnership or Limited Liability Limited Partnership
Name of Resulting Florida Limited i	atthership of Ennited Elability Ennited Farthership
The enclosed Certificate of Conversion, Cert	tificate of Limited Partnership, and fees are
submitted to convert an "Other Organization	• •
Limited Liability Limited Partnership in acc	
Please return all correspondence concerning	this matter to:
	,
Jena Rissman Atlass	
Contact Person	
Cayana 9 Atlana D.I	
Savage & Atlass, P.L. Firm/Company	
• •	
3999 Sheridan Street, Suite 200	
Address	•
Hollywood, FL 33021	
City, State and Zip Code	· · · · · ·
jatlass@savageatlass.com	
E-mail address: (to be used for future annual rep	ort notification)
	1 11
For further information concerning this matt	er, please call:
Jena Rissman Atlass	at (954) 985-1005
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amoun	t:
■ \$1.052.50 Eiling Face. ■ \$1.061.25 Eiling Face.	□ \$1,105.00 Filing Fees □ \$1,113.75 Filing Fees,
(\$52.50 for Conversion and Certificate of	and Certified Copy Certified Copy, and
and \$1,000 - Certificate) Status	Certificate of Status
ST	
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section Division of Corporations
Division of Corporations Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	rananasse, i D DD i i

SECRETARY OF STATE DIVISION OF CORPORATIONS

Certificate of Conversion For "Other Business Organization"

11 JAN | | PM 2: 29

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:

Certificate of Conversion is:		
SERE Flagler View, LLC L1-91443		
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a limited liability company		
(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 Florida		
(Enter state, or if a non-U.S. entity, the name of the country)		
on <u>8/31/2010</u>		
(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:		
SERE Flagler View, LP		
(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; <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.)		
6. The conversion is permitted by the applicable law(s) governing the other business entity and the other business entity complies with such law(s) in effecting the conversion.		

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

Signed this day of January	. 20_11
Signature of Each General Partner Listed in Attached	Certificate of Limited
Partnership/Limited Liability Limited Partnership: In	dividual(s) signing affirm(s)
that the facts stated in this document are true. Any false in	
degree felony as provided for in s.817.155, F.S.	
Signature: Shomes A Paniele	
Printed Name: Thomas R. Daniels Title	: President of Shoval GP Holdings, Inc.
Signature:	
Printed Name: Title	•
	•
Signature:	
Signature: Title	•
•	
Signature:	
Printed Name: Title	
Simulatura.	
Signature:	
Printed Name: Title	;
Signature:	
Printed Name:Title	
Frinted Name ride	
that the facts stated in this document are true. Any false in degree felony as provided for in s.817.155, F.S. [See below Signature: Printed Name: 4. Judd Shoval Title	w for required signature(s).]
Printed Narge: Y. Judd Shoval Title	: Manager
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or Officer	•
If Directors or Officers have not been selected, an Incorpora	itor must sign.
•	-
If Florida General Partnership or Limited Liability Part	tnership:
Signature of one General Partner.	
If Florida Limited Liability Company:	
Signature of a Member or Authorized Representative.	
All adhama	
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)	# 50.50 (O · · · · · · · · · · · · · · · · · ·
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. SERE Flagler View, LP
(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.
2.24 South River Street, Wilkes-Barre, PA 18702
Street address of initial designated office
3. Savage & Atlass, P.L.
Name of Registered Agent for Service of Process
4. 3999 Sheridan Street, Suite 200, Hollywood, FL 33021
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 an accept the obligations of my position as registered agent. Signature of Registered Agent
6. 24 South River Street, Wilkes-Barre, PA 18702
Mailing address of initial designated office
7. If limited partnership elects to be a limited liability limited partnership, check box .

Name and business address of each gene Name:	Business Address:	
Shoval GP Holdings, Inc.	24 South River Street	
F11-139	Wilkes-Barre, PA 18702	_
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Effective date, if other than the date of filing:		
(Effective date cannot be prior to nor more s filed by the Florida Department of State.)	than 90 days after the date the document is	
Signed this 7 4 day of Janua	ary2011	
•	al(s) signing affirm(s) that the facts stated in	
Thomas R. Daniels, President Shoval GP Holdings, Inc.		_