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SECRETARY OF STATE
ALASSEE, FLORID

D. BRUCE

MAR 28 2011

EXAMINER

COVER LETTER

TO: Registration Section

2661 Executive Center Circle

Tallahassee, FL 32301

Division of Corporations

SUBJECT: THE SEKHARAN SECOND FAMILY LIMITED PARTNERSHIP

Name of Resulting Florida Limited Partnership or Limited Liability Limited Partnership

7

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:

Preethi Sekharan				
Contact Person		_		
Firm/Common	·	_		
Firm/Company				
1000 SE Monterey Commons Blvd. S	Suite 306			
Address		_	÷a-4 £	
Stuart, Florida 34996			## ## ## ## ## ## ## ## ## ## ## ## ##	
City, State and Zip Code	;		AH AR	-
psekharan@pm-law.com			MAR 23 CIETARY LAHASSI	- F
E-mail address: (to be used for future annua	al report notification)	_	<u>m</u> ~	_
For further information concerning this r	matter, please call:		PM &: C OF STA E. FLOR	_
Preethi Sekharan	at (561) 665-0980	RIE RIE RIE	
Name of Contact Person		nd Daytime Telepho	one Number	
Enclosed is a check for the following am	nount:			
\$1,052.50 Filing Fees (\$52.50 for Conversion and \$1,000 – Certificate) \$1,061.25 Filing Fees and Certificate of Status	Fees \$1,105.00 File and Certified Cop		Copy, and	
STREET ADDRESS:	MAIL	ING ADDRESS	:	
Registration Section				
		on of Corporation	ıs	
Clifton Building		30x 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:

THE SEKHARAN SECOND FAMILY 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, sole proprietorship, general partnership, common law or business trust, etc.) first organized, formed or incorporated under the laws of Michigan (Enter state, or if a non-U.S. entity, the name of the country) on October 3rd, 1990 (Enter date "Other Business Entity" was first organized, formed or incorporated) 3. The name of the Florida Limited Partnership or Limited Liability Limited Partnerships as set forth in the attached Certificate of 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.

(Enter Name of Florida Limited Partnership or Limited Liability Limited

Partnership)

- 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.)
- 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 20th day of March	20 <u>11</u>	
Signature of Each General Partner Listed in Attached Partnership/Limited Liability Limited Partnership: In		•
that the facts stated in this document are true. Any false in	,, ,	
degree felony as provided for in s.817.155, F.S.	!- P	
Signature: DAMA SECRETARIAN SE	FD AND PRESTATED PRUST (M	EMBER)
degree felony as provided for in s.817.155, F.S. THE FAMA SEKHAPANI SECOND AMENDO Signature: KAMA SEKHAPANI SECOND AMENDO Signature: Vishnu Management, LLC Title	: General Partner	
Signature: Title		
Signature: Title	<u> </u>	
Signature:		
Printed Name: Title	•	
Signature:		
Printed Name: Title		
Signature: Title		
Printed Name: Little	:	
Required Signature(s) on behalf of Other Business Entit		
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: Rama Sekharan Title	: General Partner	
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or Officer	•	
If Directors or Officers have not been selected, an Incorpora	tor must sign.	
<u>If Florida General Partnership or Limited Liability Part</u>	nership:	
Signature of one General Partner.	<u> </u>	•
If Florida Limited Liability Company:	CRE LARE	-
Signature of a Member or Authorized Representative.	LAHASSE	$\frac{1}{2}$
All others:	111	
Signature of an authorized person.	©F STI	
Fees: Certificate of Conversion:		-
Fees for Florida Certificate of Limited Partnership:	\$ 52.50 \$1,000.00	
(\$965 Filing Fee and \$35 Filing Fee)	+ - 7 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °	
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. THE SEKHARAN SECOND FAMILY 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.

Street address of initial designated office	_	
3. Preethi Sekharan	_	
Name of Registered Agent for Service of Process		
4, 1000 SE Monterey Commons Blvd., Suite 306		
Florida street address for Registered Agent	_	
Stuart, Florida 34996		
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree 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 Signature of Registered Agent Mailing address of initial designated office	11 MAR 23 PM 2; 02	FILED

7. If limited partnership elects to be a limited liability limited partnership, check box \Box .

8. Name and business address of each Name:	general partner: Business A	ddress:		
Vishnu Management, LLC	7071 Grea	t Falls Circle		
	Boynton Be	each, FL 33437		
	L11000	0036790		
			E cas	
		. <u>-</u>	1 MAR 2	<u> </u>
9. Effective date, if other than the date of filin			SEE, FI	
(Effective date cannot be prior to nor n filed by the Florida Department of Stat	nore than 90 days e.)	after the date the do	cument is	
Signed this 20th day of_	March	, 2011	·	
Signature of each general partner: Inditathis document are true. Any false information provided for in s.817.155, F.S.	mation constitutes	a third degree felon	y as	
	BY: THE P	<u>NANIAGEMENT, L</u> LAMA SEHIARAN PESTATED TRUST	SECOND A MEMBER	MENDED
	Range	Sephoran,	Truske	,