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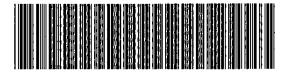
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(Address)				
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PICK-UP WAIT MAIL				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

B. KOHR

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EXAMINER



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SKORLIVAS AND JO ACTIONS



August 11, 2011

Buck Kohr, Registration Section Divison of Corporations P.O. Box 6327 Tallahassee, FL 32314

Subject: Certificate of Conversion

Buck:

Please find enclosed the Certificate of Conversion for PHF Eastgate, LLC pursuant of your request.

If you have any questions, please feel free to call me.

Sincerely,

Jim Caplan (561) 627-7988 ext 222

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Wellness Resorts 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:

James F. Caplan		
Contact Person		
Firm/Company		
8895 North Military Trail, 101B		
Address		
Palm Beach Gardens, Florida 33410		
City, State and Zip Code		,
jim@jimcaplanlaw.com		
E-mail address: (to be used for future annual re	eport notification)	
For further information concerning this ma	tter, please call:	
James F. Caplan	at (_954) 9	14-2647
Name of Contact Person	Area Code and D	aytime Telephone Number
Enclosed is a check for the following amou	int:	
\$1,052.50 Filing Fees (\$52.50 for Conversion and \$1,000 – Certificate) \$ Status	s □ \$1,105.00 Filing F and Certified Copy	

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:
(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 12/14/2009 (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:
Wellness Resorts 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:
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 11th day of August	20_11
Signature of Each General Partner Listed in Attached Partnership/Limited Liability Limited Partnership: Inditate the facts stated in this document are true. Any false integree felony as provided for in s.817.155, F.S.	lividual(s) signing affirm(s)
Signature: Printed Name: Secol Title:	Manager
Signature: Title:	
Required Signature(s) on behalf of Other Business Entity that the facts stated in this document are true. Any false int degree felony as provided for in s.817.155, F.S. [See below Signature:	formation constitutes a third
Printed Name: Early G. Weig Title:	Precident
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporate	or must sign.
If Florida General Partnership or Limited Liability Partnersignature of one General Partner.	ership:
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.	
All others:	
Signature of an authorized person.	

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



1. Wellness Resorts LLLP
(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.
2.8895 North Military Trail, 101B
Street address of initial designated office
Palm Beach Gardens, Florida 33410
3. James F. Caplan
Name of Registered Agent for Service of Process
4. 5910 North Ocean Boulevard
Florida street address for Registered Agent
Ocean Ridge, Florida 33435
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, 8895 North Military Trail, 101B
Mailing address of initial designated office
Palm Beach Gardens, Florida 33410
7. If limited partnership elects to be a limited liability limited partnership, check box

Page 1 of 2

Name:	address of each general partr Busine	Business Address:	
Wellness Resorts LLC	8895 N	forth Military Trail, 101B	
1-U90UU	118604 Palm B	each Gardens, Florida 33435	
	-		
P. Effective date, if other t	han the date of filing:		
Effective date cannot îled by the Florida De		days after the date the document is	
Signed this	day of August	,2011	
	Any false information consti 55, F.S.	ing affirm(s) that the facts stated in tutes a third degree felony as	
-/ 1:			