

A 11 0000000849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

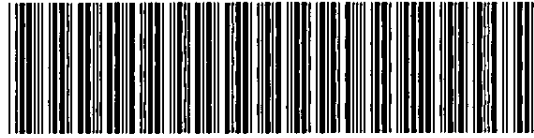
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B. KOHR  
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EXAMINER



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11 NOV 17 PM 4:51  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
PALM BEACH, FLORIDA

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11 NOV 17 AM 11:25  
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DIVISION OF CORPORATIONS

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: RICKY SOTO

DATE: 11/17/2011

REF. #: 000170.157505

**FILE SECOND**

CORP. NAME: GARI FAMILY LIMITED PARTNERSHIP (a Nevada LP) converting to GARI FAMILY LIMITED PARTNERSHIP (a Florida LP)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION            | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                        | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION                | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                        | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input checked="" type="checkbox"/> CERTIFICATE OF CONVERSION |   |  |
| <input type="checkbox"/> OTHER:                               |   |  |

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NOV 17 11:11 AM '11

STATE FEES PREPAID WITH CHECK# 547246 FOR \$ 1052.50

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

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GARI FAMILY LIMITED PARTNERSHIP II  
CERTIFICATE OF CONVERSION

Pursuant to the provisions of Section 620.2104 of the Florida Revised Uniform Limited Partnership Act (the "FL Act"), GARI FAMILY LIMITED PARTNERSHIP II, a Nevada limited partnership (the "Partnership"), hereby delivers this CERTIFICATE OF CONVERSION for the purpose of converting the Partnership from a Nevada limited partnership to a Florida limited partnership pursuant to the provisions of Section 620.2102 of the FL Act and Section 92A.105 of the Nevada Revised Statutes (the "NV Act").

1. The Partnership was converted from a Nevada limited partnership.
2. The name of the converting organization is GARI FAMILY LIMITED PARTNERSHIP II, a limited partnership formed under the laws of the State of Nevada on October 6, 1999.
3. The conversion was approved as required by the FL Act.
4. The conversion was approved in a manner that complied with the NV Act.

GARI FAMILY LIMITED PARTNERSHIP II,  
a Nevada limited partnership

By: GARI INVESTMENTS, LLC,  
a Florida Limited Liability Company  
as General Partner

By:   
Name: Rodolfo Gari Jr.  
Title: Manager  
Date: 11-15-2011

\*Rodolfo Gari Jr. is also signing as  
the MANAGER of GARI INVESTMENTS, LLC,  
which is also the GENERAL PARTNER of  
GARI FAMILY LIMITED PARTNERSHIP II, the  
resulting Florida limited partnership.

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

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1. Gari Family Limited Partnership II

(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. 1603 Renaissance Way Tampa FL, 33602 attention Rodolfo Gari Jr.  
(Street address of initial designated office)

3. David L. Koche  
(Name of Registered Agent for Service of Process)

4. 601 Bayshore Blvd. Suite 700 Tampa FL, 33602  
(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 and accept the obligations of my position as registered agent.*

  
\_\_\_\_\_  
Signature of Registered Agent

6. 1603 Renaissance Way Tampa FL, 33602  
(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:

Gari Investments LLC,

1603 Renaissance Way

L11000131493

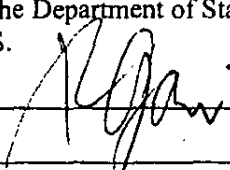
Tampa, FL, 33602

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 15<sup>th</sup> day of November, 2011.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Rodolfo Gari, Jr., Manager of  
Gari Investments, LLC, its  
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**