

A12000000532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

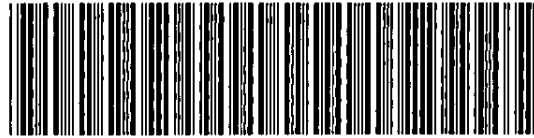
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED

12 SEP -7 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2012 SEP -7 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

SEP 10 2012

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 338611 81562A

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 1113.75

ORDER DATE : September 7, 2012

ORDER TIME : 10:59 AM

ORDER NO. : 338611-005

CUSTOMER NO: 81562A

DOMESTIC FILING

NAME: VILLA RAVINE ASSOCIATES, LTD.

FILED
SEP 7 AM 9:50
TALLAHASSEE, FLORIDA

XX CERTIFICATE OF CONVERSION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS: _____

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:

VILLA RAVINE ASSOCIATES, LTD.

(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 California

(Enter state, or if a non-U.S. entity, the name of the country)

on 07/21/1978

(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**:

VILLA RAVINE ASSOCIATES, LTD.

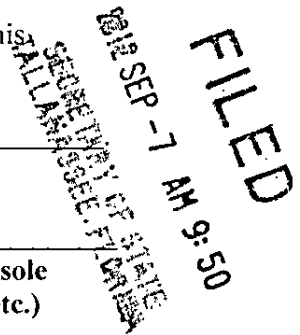
(Enter Name of Florida Limited Partnership or Limited Liability Limited Partnership)

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: date of 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.)

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 5th day of SEPTEMBER, 2012.

Signature of Each General Partner Listed in Attached Certificate of Limited Partnership/Limited Liability Limited Partnership: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

Signature: X 
Printed Name: VILLA RAVINE ASSOCIATES, LTD., by DAVID A. NEIDORF, SENIOR VICE PRESIDENT
OF PREMIERE TOWERS-II CORP., AS GENERAL PARTNER OF VILLA RAVINE ASSOCIATES, LTD.

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: Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S. [See below for required signature(s).]

Signature: X 
Printed Name: VILLA RAVINE ASSOCIATES, LTD., by DAVID A. NEIDORF, SENIOR VICE PRESIDENT
OF PREMIERE TOWERS-II CORP., AS GENERAL PARTNER OF VILLA RAVINE ASSOCIATES, LTD.

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
SEP - 7 AM 9:50
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

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

FILED
SEP -7 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. VILLA RAVINE ASSOCIATES, LTD.

(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. 1500 N.W. 16th Avenue, Gainesville, FL 32605

Street address of initial designated office

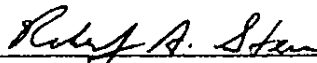
3. ROBERT A. STERN

Name of Registered Agent for Service of Process

4. 537 NE FIRST STREET, Suite 5, Gainesville, FL 32601

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. 1500 N.W. 16th Avenue, Gainesville, FL 32605

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:

PREMIERE TOWERS-II CORP.

1500 NW 16th Avenue, Gainesville, FL 32605

#F12 00003275

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SEP 7 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. Effective date, if other than the date of filing: 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 5th day of September, 2012

Signature of each general partner: Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s.817.155, F.S.

PREMIERE TOWERS-II CORP.

x By: DAVID A. NEIDORF
DAVID A. NEIDORF, Senior Vice President