

A13 000000792

(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



400254935254

12/26/13--01002--006 **52.50

12/26/13--01002--007 **1000.00

RECEIVED
DEPARTMENT OF STATE
CORPORATION
2013 DEC 26 AM 9:48
NOT RECORDED
TO AVOID
SUFFICIENCY OF FILMS

FILED
2013 DEC 24 AM 9:34
DEPARTMENT OF STATE
CORPORATION

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

Las Olas by Hammock LLC

☐ Nonprofit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Reinstatement

☐ LLC

☐ Annual Report

☒ Other
Conversion

☐ UCC

☒ Certified Copy

☐ Name Registration

☐ Fictitious Name

☐ CUS

☐ Photocopies

☒ Walk In

☐ After 4:30

☐ Mail Out

☐ Will Wait

☒ Pick Up

Name

Availability

12/24/2013

Order#:

Document

9001256

Examiner

KM

Updater

Ref#:

Verifier

W.P. Verifier

Amount: \$

2013 DEC 24 AM 9:34
TALLAHASSEE, FL 32301
9001256

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Las Olas by Hammock LP
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:

Jennifer Homebrook
Contact Person

Mark A. Feigenbaum
Firm/Company

1137 Centre Street, Suite 201
Address

Thornhill, Ontario L4J 3M6 Canada
City, State and Zip Code

jennifer@feigenbaumlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Homebrook at (905) 695-1269
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$1,052.50 Filing Fees ☐ \$1,061.25 Filing Fees ☐ \$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 and Certificate of Status

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

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DEC 24 1994

DEC 24 1994

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 27, 2013

CT CORPORATION SYSTEM

SUBJECT: LAS OLAS BY HAMMOCK LLC
Ref. Number: W13000070076

RECEIVED
DIVISION OF STATE
CORPORATIONS
2013 DEC 30 PM 1:27
SUFFICIENT OF FILING

We have received your document for LAS OLAS BY HAMMOCK LLC and your check(s) totaling \$1052.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 113A00029153

RE-SUBMIT

Please retain original filing
date of submission

2013 DEC 24 PM 9:34
DIVISION OF STATE
CORPORATIONS

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:

Las Olas by Hammock LLC

(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 09/28/2012

(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**:

Las Olas by Hammock 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; **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.)

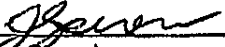
6. The conversion is permitted by the applicable law(s) governing the other business entity and the other business entity complies with such law(s) in effecting the conversion.

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

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2013 DEC 24 AM 9:34
CLERK OF COURT
STATE OF FLORIDA

Signed this 20 day of December, 2013.

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: 
Printed Name: Las Olas Group Inc. Title: Jean Sperou, Authorized Representative

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: 
Printed Name: Jean Sperou Title: Manager

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)

RECEIVED
SECRETARY OF STATE
2013 DEC 24 PM 9:34

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

1. Las Olas by Hammock 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. 79 Gordon Road, Toronto, Ontario M2P 1E3 Canada

Street address of initial designated office

3. C T Corporation System

Name of Registered Agent for Service of Process

4. 1200 South Pine Island Road, Plantation, FL 33324

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

Debbie Diaz
Assistant Secretary

6. 79 Gordon Road, Toronto, Ontario M2P 1E3 Canada

Mailing address of initial designated office

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

SECRETARY OF STATE
2013 DEC 24 AM 9:34
CALLAHAN

8. Name and business address of each general partner:

Name:

Business Address:

Las Olas Group Inc.

79 Gordon Street Road

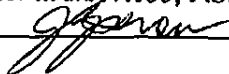
Toronto, Ontario M2P 1E3 Canada

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 20th day of December, _____.

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.



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