

A14000000088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

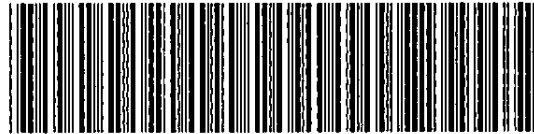
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/11/14--01006--026 **1061.25

RECEIVED
CORPORATION SERVICES
JAN 29 2014 10:01 AM
2014 FEB 11 PM 12 01
TALLAHASSEE, FLORIDA

2014 FEB 12 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FEB 13 2013

T. HAMPTON

4065-1100

**CORPORATE
ACCESS,
INC.**

"When you need ACCESS to the world"

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WALK IN

PICK UP: 2/11 Almeida

- CERTIFIED COPY _____
- PHOTOCOPY _____
- CUS Gs _____
- FILING LP Convesion _____

1. Drucker Family Limited Partnership
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DRUCKER FAMILY LIMITED PARTNERSHIP
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:

Jonathan M. Drucker, Esquire
Contact Person

Jonathan M. Drucker, P.A.
Firm/Company

2605 Ponce de Leon Boulevard
Address

Coral Gables, FL 33134
City, State and Zip Code

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

For further information concerning this matter, please call:

Michelle Martinez at (305) 441-209
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,052.50 Filing Fees (\$52.50 for Conversion and \$1,000 - Certificate)
- \$1,061.25 Filing Fees and Certificate of Status
- \$1,105.00 Filing Fees and Certified Copy
- \$1,113.75 Filing Fees, Certified Copy, 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2014

CORPORATE ACCESS INC
GLINDA

SUBJECT: DRUCKER FAMILY LIMITED PARTNERSHIP
Ref. Number: W14000009206

RECEIVED
CORPORATION DIVISION
2014 FEB 12 PM 2:38
SUNBIZ

We have received your document for DRUCKER FAMILY LIMITED PARTNERSHIP and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Certificate of Conversion must state the effective date of the conversion. The effective date cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date of the conversion under the laws governing the other business entity.

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.

Tammy Hampton
Regulatory Specialist III

Letter Number: 914A00003165

*Corrected
&
Resubmitted
2/12/14*

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 Certificate of Conversion is:

DRUCKER 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, proprietorship, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of NEVADA (CONVERTED TO FLORIDA 1/25/2013)
(Enter state, or if a non-U.S. entity, the name of the country)

on JANUARY 30, 2002.

(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:

DRUCKER FAMILY LIMITED PARTNERSHP

(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.

2014 FEB 12 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

Signed this _____ day of February _____, 20 14 _____.

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: Jonathan M. Drucker, P.A. Title: President

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: Jonathan M. Drucker, P.A. Title: President

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)

2014 FEB 12 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

1. DRUCKER 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.*

2. 2605 Ponce de Leon Boulevard

Street address of initial designated office

Coral Gables, FL 33134

3. Jonathan M. Drucker, Esquire

Name of Registered Agent for Service of Process

4. 2605 Ponce de Leon Boulevard

Florida street address for Registered Agent

Coral Gables, FL 33134

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. 2605 Ponce de Leon Boulevard

Mailing address of initial designated office

Coral Gables, FL 33134

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:

JONATHAN M. DRUCKER, P. A.

2605 Ponce de Leon Boulevard

Coral Gables, FL 33134

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 _____ day of February, 2014.

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.

FILED
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TALLAHASSEE, FLORIDA