

A140000000610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

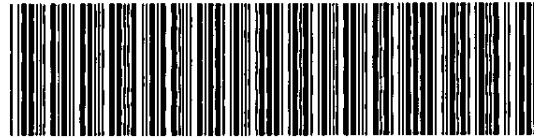
Certified Copies



Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



400264878804

400264878804
11/06/14--01001--012 **1105.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2014 NOV -5 PM 3:50
NOT RECORDED
TO MONITORING
SUFFICIENCY OF FILING

FILED
14 NOV -5 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV - 6 2014

T. BROWN

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301

850-205-8842

JOHNSON FAMILY INVESTMENT LIMITED PARTNERSHIP

☐ Nonprofit

☐ Domestic Corporation

☐ Limited Partnership

☐ LLC

☒ Certified Copy
Conversion

☒ Walk In

☐ Mail Out

☐ Amendment

☐ Dissolution/Withdrawal

☐ Reinstatement

☐ Annual Report

☐ Name Registration

☐ Fictitious Name

☐ Photocopies

☐ Will Wait

☐ Merger

☐ Mark

☒ Other
Conversion

☐ CUS

☐ After 4:30

☒ Pick Up

Name

Availability _____

Document

Examiner _____

Updater _____

Verifier _____

W.P. Verifier _____

11/5/2014

KM

Order#:

9332249

Ref#:

Amount: \$

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301

850-205-8842

JOHNSON FAMILY INVESTMENT LIMITED PARTNERSHIP

☐ Nonprofit
☐ Domestic Corporation

☐ Limited Partnership
☐ LLC

☒ Certified Copy
Conversion

☒ Walk In
☐ Mail Out

☐ Amendment
☐ Dissolution/Withdrawal
☐ Reinstatement
☐ Annual Report

☐ Name Registration
☐ Fictitious Name

☐ Photocopies

☐ Will Wait

☐ Merger

☐ Mark

☒ Other
Conversion

☐ CUS

☐ After 4:30

☒ Pick Up

Name

Availability

11/5/2014

Document

Examiner

KM

Updater

Verifier

W.P. Verifier

Order#:

9332249

Ref#:

Amount: \$

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Johnson Family Investment 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:

Kirstin Elzer
Contact Person

Gould & Ratner LLP
Firm/Company

222 N LaSalle St, Ste 800
Address

Chicago, IL 60601
City, State and Zip Code

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

For further information concerning this matter, please call:

Kirstin Elzer at (312) 899-1631
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$1,052.50 Filing Fees
Fees, (\$52.50 for Conversion
and \$1,000 - Certificate) | <input type="checkbox"/> \$1,061.25 Filing Fees
and Certificate of
Status | <input checked="" type="checkbox"/> \$1,105.00 Filing Fees
and Certified Copy | <input type="checkbox"/> \$1,113.75 Filing
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

FILED
14 NOV -5 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Johnson Family Investment Limited Partnership
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a general 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 Indiana
(Enter state, or if a non-U.S. entity, the name of the country)

on December 1, 1999
(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:

Johnson Family Investment Limited Partnership
(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.

Signed this 23 day of October, 2014.

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: Pamela Johnson
Printed Name: ECMP Corp., By: Pamela Johnson, President Title: General Partner

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: Pamela Johnson
Printed Name: ECMP Corp., Pamela Johnson, President Title: General Partner

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)

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

1. Johnson Family Investment 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. 1652 Beach Avenue

Street address of initial designated office

Atlantic Beach, FL 32233

3. NRAI Services, Inc.

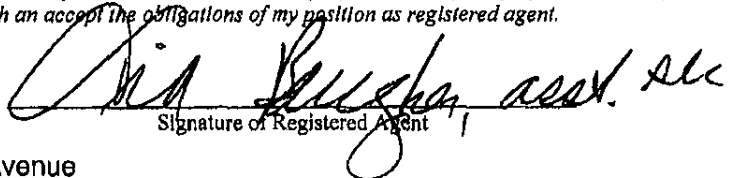
Name of Registered Agent for Service of Process

4. 1200 South Pine Island Road

Florida street address for Registered Agent

Plantation, FL 33324

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. 1652 Beach Avenue

Mailing address of initial designated office

Atlantic Beach, FL 32233

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:

ECMP Corp.

1652 Beach Avenue

Atlantic Beach, FL 32233

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 October, 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.

Pamela Johnson

ECMP Corp., General Partner

By: Pamela Johnson, President