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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

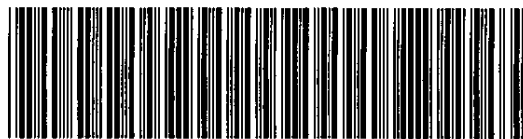
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TALLAHASSEE, FLORIDA

N. Ouligues OCT 20 2015

October 19, 2015

BY FEDERAL EXPRESS - PRIORITY OVERNIGHT

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Re: Conversion of The Beau Family Limited Partnership
from Illinois Limited Partnership to Florida Limited Partnership**

Dear Sir or Madam:

Enclosed for processing for The Beau Family Limited Partnership (the "LP") are the following materials:

- (1) Cover Letter;
- (2) **duplicate executed originals** of the Certificate of Conversion;
- (3) **duplicate executed originals** of the Certificate of Limited Partnership; and
- (4) a check in the amount of **\$1,105** for the filing fees and the Certified Copy fee.

Please file an **original** of each document, date-stamp the **remaining original** with the file date and return the date-stamped originals and Certified Copy to me in the enclosed Federal Express envelope. The shipping label has already been completed to ensure that charges are billed to our account.

Please call me if you have any questions or require further information.

Very truly yours,

ROETZEL & ANDRESS, LPA



Priscilla M. Dragoi-Zuljic, J.D.
Corporate Paralegal

Enclosures

cc: Ben M. Roth, Esq. (via e-mail)
9870156 _1 132301.0001

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Beau 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:

Priscilla M. Dragoi-Zulicic

Contact Person

Roetzel & Andress

Firm/Company

20 S. Clark St., Ste. 300

Address

Chicago, IL 60603

City, State and Zip Code

p d z u l i c i c @ r a l a w . c o m

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Priscilla M. Dragoi-Zulicic

Name of Contact Person

at (312) 582-1621

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

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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:

The Beau 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, sole proprietorship, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of **Illinois**
(Enter state, or if a non-U.S. entity, the name of the country)

on **11/21/1995**
(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:

The Beau Family 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.)

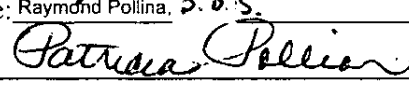
6. The conversion is permitted by the applicable law(s) governing the other business entity and the other business entity complies with such law(s) in effecting the conversion.

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 10 day of OCTOBER, 2015.

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: Raymond Pollina, D. D. S. Title: General Partner

Signature: 
Printed Name: Patricia Pollina Title: General Partner

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: Raymond Pollina, D. D. S. 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. The Beau 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. 2109 Swainwood, Glenview, IL 60025
Street address of initial designated office

3. Raymond Pollina, D.D.S.
Name of Registered Agent for Service of Process

4. 3991 Gulf Shore Blvd. N, #1202
Florida street address for Registered Agent
Naples, FL 34103

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. 2109 Swainwood, Glenview, IL 60025
Mailing address of initial designated office

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

8. Name and business address of each general partner:

Name:

Business Address:

Raymond Pollina, D.D.S.

2109 Swainwood

Glenview, IL 60025

Patricia Pollina

2109 Swainwood

Glenview, IL 60025

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TALLAHASSEE, FLORIDA

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 10 day of OCTOBER, 2015.

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.

Raymond A. Pollina DDS
Patricia Pollina