

A15000000731

(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:

CORRECTION TO DOCUMENT PER
CONVERSATION WITH
PATRICIA MENENDEZ
10/19/2015 KS

WL5-70747

Office Use Only



400278101304

10/15/15--01021--008 **1052.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 NOV -6 PM 1:38

FILED

K. SALY
EXAMINER
NOV -9 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 26, 2015

RICHARDS & ASSOCIATES, P.A.
PATRICIA MENENDEZ
2665 SOUTH BAYSHORE DR, STE. 703
MIAMI, FL 33133

SUBJECT: SAIEGH FAMILY LIMITED PARTNERSHIP
Ref. Number: W15000070747

We have received your document for SAIEGH FAMILY LIMITED PARTNERSHIP 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 converting Florida entity must be active on our records.

Doc Find attached!
Thanks!

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 315A00022598

RECEIVED

15 NOV -6 PM12:38

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAIEGH 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:

PATRICIA MENENDEZ

Contact Person

RICHARDS & ASSOCIATES, P.A.

Firm/Company

2665 SOUTH BAYSHORE DRIVE, SUITE 703

Address

MIAMI, FL 33133

City, State and Zip Code

PMENENDEZ@RICHARDS-LAW.COM

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

For further information concerning this matter, please call:

PATRICIA MENENDEZ

Name of Contact Person

at (305) 858-9900

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|--|
| <input checked="" 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 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

Certificate of Conversion
For
"Other Business Organization"

Into

Florida Limited Partnership or Limited Liability Limited Partnership

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

SAIEGH FAMILY PARTNERSHIP

(Enter Name of Other Business Entity) GP1500001405

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

on **JANUARY 2014**

(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:

SAIEGH 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 14 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 § 817.155, F.S.

Signature: _____
Printed Name: MARCELO R. SAIEGH Title: MANAGER

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 § 817.155, F.S. [See below for required signature(s).]

Signature: _____
Printed Name: MARCELO R. SAIEGH 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)

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2015 NOV -6 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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2015 NOV -6 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. SAIEGH 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. 2665 South Bayshore Drive, Suite 703
Street address of initial designated office

Miami, FL 33133

3. WORLD CORPORATE SERVICES, INC

Name of Registered Agent for Service of Process

4. 2665 SOUTH BAYSHORE DRIVE, SUITE 703

Florida street address for Registered Agent

MIAMI, FL 33133

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.

E. Ray
Signature of Registered Agent

6. 2665 South Bayshore Drive, Suite 703
Mailing address of initial designated office

Miami, FL 33133

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

8. Name and business address of each general partner:

Name:

MRS MANAGEMENT SERVICES LLC

Business Address:

2665 SOUTH BAYSHORE DRIVE

SUITE 703

MIAMI, FL 33133

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SECRETARY OF STATE
TAMPA 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 14 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.



