

A15000000744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

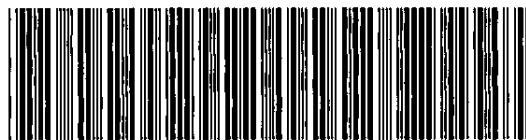
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300278039043

02/03/15--01011--013 **1052.50

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15 NOV 18 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 13, 2015

CAMMIE WARBURTON 2nd mailing
2248 MERIDIAN BLVD SUITE H
MINDEN, NV 89423

SUBJECT: ISLAND SNOW HOLDINGS LLC
Ref. Number: W15000009883

We have received your document for ISLAND SNOW HOLDINGS 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 name of your limited partnership must contain an acceptable suffix. Acceptable limited partnership suffixes include: Limited Partnership, Limited, L.P., Ltd., or LP.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 315A00002800

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ISLAND SNOW HOLDINGS LLC**

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:

Cammie Warburton

Contact Person

Corporate Direct, Inc.

Firm/Company

2248 Meridian Blvd., Suite H

Address

Minden, NV 89423

City, State and Zip Code

cwarburton@corporatedirect.com

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

For further information concerning this matter, please call:

Cammie Warburton

Name of Contact Person

at (**775**) **284-7162**

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$1,052.50 Filing Fees
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
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

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:

ISLAND SNOW HOLDINGS 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 **7/10/2014**

(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:

ISLAND SNOW HOLDINGS 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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TALLAHASSEE, FLORIDA

Signed this 22 day of January, 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: [Signature]
Printed Name: Lynddy Garrido for Churun Meru Holdings LLC Title: Manager of Churun Meru Holdings LLC

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: [Signature]
Printed Name: Lynddy Garrido 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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TALLAHASSEE, FLORIDA

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

1. ISLAND SNOW HOLDINGS 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. 60 East Simpson Ave., Box 2869

Street address of initial designated office

Jackson, WY 83001

3. Gerri Detweiler

Name of Registered Agent for Service of Process

4. 1037 Greystone Lane

Florida street address for Registered Agent

Sarasota, FL 34232

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. PO Box 2869

Mailing address of initial designated office

Jackson, WY 83001

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

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TAMM HALL
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

CHURUN MERU HOLDINGS LLC

PQ Box 2869

Jackson, WY 83001

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 22 day of January, 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.

[Signature]

Lynddy Garrido

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA