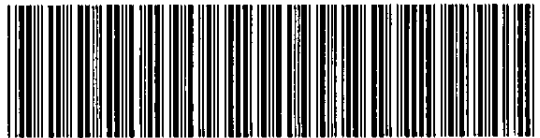


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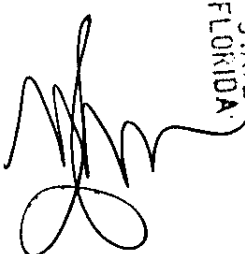
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EFFECTIVE DATE  
3/1/16

RECEIVED  
MAR 01 2016 1:58 PM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA



(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**CT Corporation System**

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

TRIANGLE CENTER, INC.

P00000063082

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STATE DEPARTMENT OF REVENUE

- Profit
- Nonprofit
- Foreign

- Limited Partnership
- LLC

Certified Copy

- Call When Ready
- Walk In
- Mail Out

Name \_\_\_\_\_  
 Availability \_\_\_\_\_  
 Document \_\_\_\_\_  
 Examiner \_\_\_\_\_  
 Updater \_\_\_\_\_  
 Verifier \_\_\_\_\_  
 W.P. Verifier \_\_\_\_\_

- Amendment
- Dissolution/Withdrawal
- Reinstatement
- Annual Report
- Name Registration

- Fictitious Name
- Photocopies

- Call If Problem
- Will Wait

3/1/2016

**KM**

Merger

Mark

Other  
Conversion

UCC

CUS

After 4:30

Pick Up

Order#:

**9902907**

Ref#:

Amount: \$

EFFECTIVE DATE 3/1/16

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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:

**TRIANGLE CENTER, INC.** 700000063082

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a corporation  
(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 June 28, 2000  
(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:

**TRI-SUCCESS PARTNERS, LLLP**

(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: March 1, 2016  
(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 29th day of February, 2016.

**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: By: [Signature]  
Printed Name: Albert M. Chiodi, Jr. as Trustee of the Albert M. Chiodi Family Trust Title: Member

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: Albert M. Chiodi, Jr. 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)

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

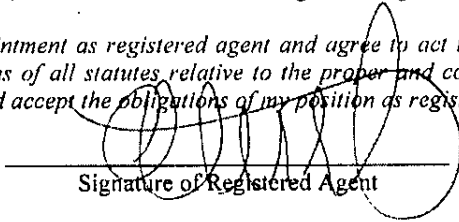
1. Tri-Success Partners, LLLP  
(Name of Limited Partnership)

2. 705 Terrace Blvd., Orlando, FL 32803  
(Street address of initial designated office)

3. Albert M. Chiodi, Jr.  
(Name of Registered Agent for Service of Process)

4. 705 Terrace Blvd., Orlando, FL 32803  
(Florida street address for Registered Agent)

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. 705 Terrace Blvd., Orlando, FL 32803  
(Mailing address of initial designated office)

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:

Tri-Success Management LLC

705 Terrace Blvd., Orlando, FL 32308

9. Effective date, if other than the date of filing: March 1, 2016

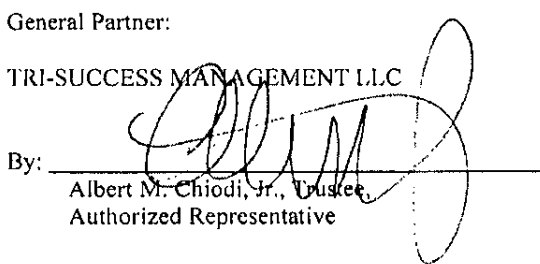
Signed this 29<sup>th</sup> day of February, 2016.

Signature of the sole general partner:

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

General Partner:

TRI-SUCCESS MANAGEMENT LLC

By:   
Albert M. Chiodi, Jr., Trustee,  
Authorized Representative

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