

A17000000042

(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:

1057000000952

Office Use Only



700294011667

RECEIVED
JAN 11 PM 4:21

FILED

CLERK OF COURT
JAN 11 PM 12:19
FLORIDA

S Warren

JAN 27 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2017

CT CORP

SUBJECT: MAXIMIZED LIVING, LP
Ref. Number: W17000002952

*Corrected - please
resubmit and
allow initial file
date.*

Thank,

Jme

We have received your document for MAXIMIZED LIVING, LP and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 217A00001550

RECEIVED
DIVISION OF CORPORATIONS
17 JAN 26 AM 11:21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2017

CT CORP

SUBJECT: MAXIMIZED LIVING, LP
Ref. Number: W17000002952

*All corrected - Please
file and allow
for initial file
date.*

*Thanks,
Jma.*

We have received your document for MAXIMIZED LIVING, LP and the authorization to debit your account in the amount of \$1052.50. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 017A00000965

RECEIVED
17 JAN 24 PM 2:53



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2017

CT CORP

SUBJECT: MAXIMIZED LIVING, LP
Ref. Number: W17000002952

Please see

We have received your document for MAXIMIZED LIVING, LP and the authorization to debit your account in the amount of \$1052.50. However, the document has not been filed and is being returned for the following:

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

PD

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 417A00000758

RECEIVED
17 JAN 13 AM 11:20

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 1/16/17

ACCT. I20160000072

en: c SW

Name:	<i>Maximized Living, Inc.</i>
Document #:	
Order #:	<i>(2 of 3)</i>

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

Filing: <i>X</i>	Certified:
	Plain:
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ *1052.50*

2 of 3

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Maximized Living, LP

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:

Marianna Faircloth

Contact Person

Paul Hastings LLP

Firm/Company

1170 Peachtree Street NE, Suite 100

Address

Atlanta, GA 30309

City, State and Zip Code

mariannafaircloth@paulhastings.com

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

For further information concerning this matter, please call:

Marianna Faircloth

Name of Contact Person

at (404) 8152238

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 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

2017 JUN 11 P 12:19

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:

Maximized Living, Inc. P99000054553
(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 14, 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:

Maximized Living, 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.

Signed this 10 day of January, 2017.

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: Mark Bole Title: Member, Chief Executive Officer

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: Mark Bole Title: CEO

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:	\$1,000.00
(\$965 Filing Fee and \$35 Filing Fee)	
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. Maximized Living, 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. 2590 Northbrooke Plaza Drive, Suite 107

Street address of initial designated office

Naples, FL 34119

3. Mark Bole

Name of Registered Agent for Service of Process

4. 2590 Northbrooke Plaza Drive, Suite 107

Florida street address for Registered Agent

Naples, FL 34119

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.*

By: 

Signature of Registered Agent

6. 2590 Northbrooke Plaza Drive, Suite 107

Mailing address of initial designated office

Naples, FL 34119

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

8. Name and business address of each general partner:

Name:

Maximized Living GP, LLC

m17000000568

Business Address:

2590 Northbrooke Plaza Drive, Suite 107

Naples, FL 34119

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 10th day of January, 2017

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.

Maximized Living GP, LLC, General Partner
[Signature] By Mark Bole, member