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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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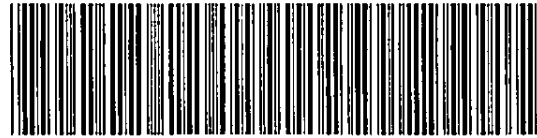
(Business Entity Name)

(Document Number)

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

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17 SEP 28 AM 10:08

DIVISION OF REVENUE

O. SIMMONS  
OCT 03 2017



Marshay P. Brown  
Certified Paralegal

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Jacksonville, Florida 32207

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September 27, 2017

**VIA FEDEX**

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

**Re: Conversion of Schooner Island Partnership, Ltd. Liability Co.**

To Whom It May Concern:

The enclosed Certificate of Conversion and Certificate of Limited Partnership are submitted to convert Schooner Island Partnership, Ltd. Liability Co., a Florida limited liability company, into Schooner Island Partnership, Ltd., a Florida limited partnership, in accordance with §620.2104, F.S.

Also, enclosed please find a firm check in the amount of \$1,052.50 representing the filing fees.

For your convenience, I have enclosed a prepaid self-addressed FedEx label for return of the filed documents.

Please contact me should you have any questions or comments. Thank you for your assistance with this matter.

Sincerely,

A handwritten signature in cursive script that reads "Marshay P. Brown".

Marshay P. Brown

Enclosures

**CERTIFICATE OF CONVERSION  
FOR  
OTHER BUSINESS ORGANIZATION  
INTO  
FLORIDA 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 in accordance with s.620.2104, Florida Statutes.

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17 SEP 28 AM 10:00  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

**SCHOONER ISLAND PARTNERSHIP, LTD. LIABILITY CO.**

2. The "Other Business Entity" is a limited liability company first organized, formed or incorporated under the laws of Florida on December 27, 2013.

3. The name of the Florida Limited Partnership as set forth in the attached Certificate of Limited Partnership:

**SCHOONER ISLAND PARTNERSHIP, LTD.**

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. This conversion is effective on the date of filing.

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 27<sup>th</sup> day of September, 2017.

[Signatures on Next Page]

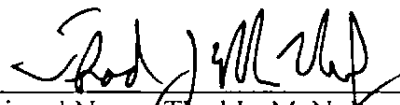
Signature of each General Partner listed in attached Certificate of Limited Partnership.

The undersigned 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.

  
\_\_\_\_\_  
Printed Name Thad L. McNulty  
Title: General Partner

Required Signature(s) on behalf of Other Business Entity:

The undersigned 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.

  
\_\_\_\_\_  
Printed Name Thad L. McNulty  
Title: Manager

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17 SEP 28 AM 10:08  
DIVISION OF REVENUE

SCHOONER ISLAND PARTNERSHIP, LTD.

CERTIFICATE OF LIMITED PARTNERSHIP

The undersigned, desiring to form a limited partnership pursuant to the Florida Revised Uniform Limited Partnership Act (1986), Part I, Chapter 620, Florida Statutes, does hereby certify as follows:

1. Name. The name of the limited partnership is SCHOONER ISLAND PARTNERSHIP, LTD.

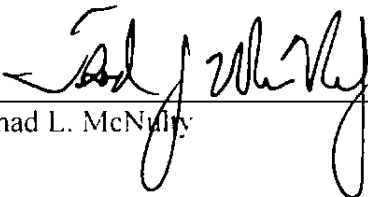
2. Address. The street and mailing address for the limited partnership's designated office is 1819 Goodwin Street, Jacksonville, Florida 32204.

3. Registered Agent. The name and address of the limited partnership's registered agent and registered office are: J. Kirby Chritton, Esq., 1301 Riverplace Boulevard, Suite 1500, Jacksonville, Florida 32207.

4. General Partner. The name and business address of the general partner of the limited partnership are: Thad L. McNulty, 1819 Goodwin Street, Jacksonville, Florida 32204.

5. Termination. The latest date upon which the limited partnership is to dissolve is December 31, 2050.

WHEREFORE, this Certificate has been executed by the General Partner of the limited partnership this 27<sup>th</sup> day of September, 2017. 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 Section 817.155, Florida Statutes.

  
\_\_\_\_\_  
Thad L. McNulty

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17 SEP 28 AM 10:00  
DIVISION OF REVENUE

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

The below named limited partnership, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability partnership is:

**Schooner Island Partnership, Ltd.**


2. The name and address of the registered agent is:

**J. Kirby Chritton  
1301 Riverplace Blvd., Suite 1500  
Jacksonville, Florida 32207**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Dated: September 27, 2017

Signature of Registered Agent

  
\_\_\_\_\_  
J. Kirby Chritton

**FILED**  
**17 SEP 28 AM 10:08**  
DIVISION OF REVENUE AND TAXES