

A17000000539

(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:

wrong form  
owe 9m. 50 W1748652

Office Use Only



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900299819599  
11/03/17--01002--021 \*\*377.50

05/02/17--01016--022 \*\*136.25

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

17-NOV--6 PM 4:47

FILED

S. WARREN

NOV 08 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 8, 2017

JOHN D WINKLEBLACK  
5614 SW 14TH PLACE  
CAPE CORAL, FL 33914-8009

SUBJECT: JKM LAND LIMITED, LP  
Ref. Number: W17000048652

We have received your document for JKM LAND LIMITED, LP and your check(s) totaling \$136.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CONVERSION TO LIMITED LIABILITY PARTNERSHIP - LLP, but your entity is a CONVERSION TO LIMITED PARTNERSHIP - LP. Please complete and return the enclosed blank form(s).

There is a balance due of \$977.50.

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: 217A00011666

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JKM LAND LIMITED, 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:

John D. Winkleblack  
Contact Person

JKM LAND LIMITED, LP  
Firm/Company

5614 SW 14th PLACE  
Address

CAPE CORAL FL. 33914-8009  
City, State and Zip Code

jwink2011@live.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Winkleblack at (402) 928-0554  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$1,052.50 Filing Fees<br>Fees, (\$52.50 for Conversion<br>and \$1,000 - Certificate) | <input type="checkbox"/> \$1,061.25 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$1,105.00 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$1,113.75 Filing<br>Certified Copy, and<br>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:

JKM LAND LIMITED, LP

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LIMITED 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 Nebraska  
(Enter state, or if a non-U.S. entity, the name of the country)

on 14 FEB 2007  
(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:

JKM LAND LIMITED, 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: 27 Oct 2017  
(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 27 day of OCTOBER, 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: \_\_\_\_\_

Printed Name: John D Winkleblack Title: General partner

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: \_\_\_\_\_

Printed Name: John D Winkleblack Title: General partner

**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)

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17 NOV -6 PM 4:47  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

1. Jkm Land Limited, 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. 5614 SW 14<sup>th</sup> PLACE

Street address of initial designated office

CAPE CORAL FL. 33914-8009

3. John D Winkleblack

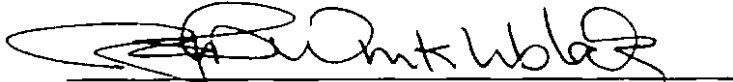
Name of Registered Agent for Service of Process

4. 5614 SW 14<sup>th</sup> PLACE

Florida street address for Registered Agent

CAPE CORAL FL 33914-8009

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. 5614 SW 14<sup>th</sup> PLACE

Mailing address of initial designated office

CAPE CORAL FL 33914-8009

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:

John D Winkleblack

5614 SW 14th PLACE

CAPE CORAL FL 33914-8009

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

27 Oct 2017

*(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 27 day of OCTOBER, 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.

