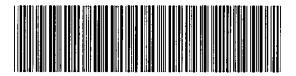
A17000000676

(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



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S. WARREN DEC 2 8 2017

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

12/27/17

NAME: GRAPILP

TYPE OF FILING: CONVERSION

COST:

1,113.75 - CHECK IS ATTACHED

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

AUTHORIZATION: ABBIE/PAUL HODGE

* File Second *

COVER LETTER

TO: Registration Section

Division of Corporations	
SUBJECT: GRAPI, LP	
SUBSECT.	artnership or Limited Liability Limited Partnership
Ç	•
The enclosed Certificate of Conversion, Cert	
submitted to convert an "Other Organization"	•
Limited Liability Limited Partnership in acco	ordance with 8: 620.2104, r.S.
Please return all correspondence concerning	this matter to:
·	
Zivi Nedivi	
Contact Person	
GRAPI, LP	
Firm/Company	
c/o Zivi Nedivi, P.O. Box 1767	
Address	
New York, New York, 10150	
City, State and Zip Code	
znedivi@cyalume.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter	er, please call:
Zivi Nedivi	at (954) 471-2222
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amount	:
□ \$1,052.50 Filing Fees □ \$1,061.25 Filing Fees	\$1,105.00 Filing Fees
(\$52.50 for Conversion and Certificate of	and Certified Copy Certified Copy, and
and \$1,000 - Certificate) Status	Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	

Certificate of Conversion

For

"Other Business Organization"

Into

Florida Limited Partnership or Limited Liability Limited Partnership

This Certificate of Conversion <u>and attached Certificate of Limited Partnership</u> 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: GRAPI, 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 January 12, 2015 (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: GRAPI, 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.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction

(The effective date: Cannot be prior to nor more than 90 days after the date this

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.

5. If not effective on the date of filing, enter the effective date:_

document is filed by the Florida Department of State.)

under which it is currently organized, formed or incorporated.

Signed this 26th day of December	20_17
Signature of Each General Partner Listed in Attache Partnership/Limited Liability Limited Partnership: I	
that the facts stated in this document are true. Any false degree felony as provided for in s.817.155, F.S.	information constitutes a third
Signature:	le: GENERAL PARTNER
Signature:	le:
Signature:Tit	le:
Signature:	le:
Signature: Titl	le:
Signature:	le:
degree felony as provided for in s.817.155, F.S. [See bel-	
Printed Name: ZIVI NEDIVI Titl	e: MANAGING MEMBER
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Office of Directors or Officers have not been selected, an Incorporate of Incorporate of Chairman, Partnership or Limited Liability Partignature of one General Partner. If Florida Limited Liability Company: Signature of a Member or Authorized Representative. All others: Signature of an authorized person.	rator must sign.
Fees: Certificate of Conversion: Fees for Florida Certificate of Limited Partnership: (\$965 Filing Fee and \$35 Filing Fee)	\$ 52.50 \$1,000.00
Certified Copy:	\$ 52.50 (Optional) \$ 8.75 (Optional)

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

Accepta Accepta or LLLI	ame of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) while Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. while Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. o
2	c/o Zivi Nedivi, 18-A Ofir Street, Tel-Aviv 69014, Israel
	Street address of initial designated office
3	NRAI Services, Inc.
	Name of Registered Agent for Service of Process
4.	1200 South Pine Island Road, Plantation, FL 33324
	Florida street address for Registered Agent
omply i	reby accept the appointment as registered agent and agree to act in this capacity. I further agree to with the provisions of all statutes relative to the proper and complete performance of my duties, in familiar with an accept the obligations of my plattion as registered agent.
	Signature of Registered Agent
.	
	c/o Zivi Nedivi, P.O. Box 1767, New York, New York 10150 Mailing address of initial designated office

Page 1 of 2

Name:		Business Ad-	iress:	
Zivi Necivi		c/o Zivi Ned	ivi, 18-A Ofir Street.	
		Tel-Aviv 690)14, Israel.	
 .				
		<u> </u>		
		 -		
		_		
			·	
Signed this	8 day 6	of_December	. 2017	
Signature of each ge	neral nariner: I	ndividual(s) signing afi	irm/c) that the facte of	atod is
his document are tru provided for in s.817	ie. Any false ir	nformation constitutes a	third degree felony as	
	1	_		
IVI NEDIVI GENERAL	V			

Page 2 of 2