

A180000000105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

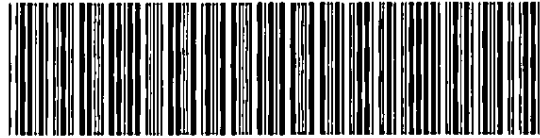
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100309646611

03/08/18--01004--003 **1202.50

RECEIVED
2018 MAR -8 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
18 MAR -8 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OS
3/9/18

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 3/8/2018

****WALK IN****

ENTITY NAME KIVILCIM HOLDINGS, L.P.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$1052.50

CHECK # 4613

Please call Tina at the above number for any issues or concerns. Thank you so much!

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:

Kivilcim Holdings, L.P.

(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 Nevada
(Enter state, or if a non-U.S. entity, the name of the country)

on 12/17/2003
(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:**

Kivilcim Holdings, L.P.

(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: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

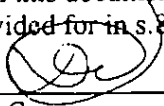
6. The conversion is permitted by the applicable law(s) governing the other business entity and the other business entity complies with such law(s) in effecting the conversion.

7. The "Other Business Entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

FILED
10 MAR -8 AM 11:36
SECRETARY OF STATE
FLORIDA

Signed this 7th day of March, 2018.

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: Danielle Gossman Title: Attorney-in-Fact

Signature: _____
Printed Name: _____ Title: _____

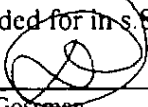
Signature: _____
Printed Name: _____ Title: _____

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: Danielle Gossman Title: Attorney-in-Fact

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)

FILED
18 MAR -8 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Kivlicim Holdings, L.P.

(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. 436 Alamanda Drive, Hallandale Beach FL, 33009

Street address of initial designated office

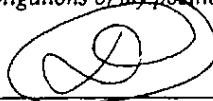
3. Lopez Levi Lowenstein Glinsky, P.A.

Name of Registered Agent for Service of Process

4. 201 Alhambra Circle, Ste 701, Coral Gables FL, 33134

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
Danielle Gossman, Attorney-in-Fact

6. _____

Mailing address of initial designated office

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

FILED
18 MAR -8 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Name and business address of each general partner:

Name:

Business Address:

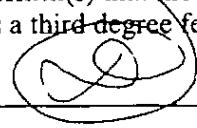
ALI G KIVILCIM

436 Alamanda Drive

Hallandale Beach, FL 33009

Signed this 7th day of March, 2018

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.



Danielle Gossman, Attorney-in-Fact