A19000000031

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(2000				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				

Office Use Only



800322454438

01/03/19--01003--018 ++1852.S0

RECEIVED
JAN 0 2 2019

19 JAN - 2 PM 3: 48

JAN 1 4 2019 D CUSHING



<u>ADAMS·HEMINGWAY</u>

A D A M S + H E M I N G W A Y + W I L S O N + R U T L E D G E + L L C

KORT D. L. PETERSON

EMAIL: kort.peterson@adamshemingway.com

Direct Line: 478-254-4762

December 28, 2018

VIA OVERNIGHT DELIVERY

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

RE: Certificate of Conversion

Bruce Family Partnership, L.P.

Dear Registration Section:

Enclosed please find a Certificate of Conversion for Bruce Family Partnership, L.P., a Georgia limited Partnership. I am also enclosing the requisite Certificate of Existence and Certificate of Limited Partnership which is currently of record in the State of Georgia.

For purposes of executing the enclosed Certificate of Conversion, please note that the general partners identified on the Georgia Certificate of Limited Partnership are outdated. Specifically, one of the General Partners is deceased and the other resigned. As such, the only remaining General Partner is James Blakely Bruce.

Also enclosed is a check in the amount of \$1,052.50 for the filing fee in this regard. Please contact me directly if anything further is needed in order to process this filing.

With warmest personal regards, I am

Sincerely yours,

KORT D. L. PETERSON

Kort DL Pilerson Eu

KP/rlj Enclosure

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Bruce Family Partnership, L.P.			
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:		
Kort D. L. Peterson			
Contact Person			
Adams, Hemingway, Wilson & Rutledge, LLC			
Firm/Company			
P.O. Box 1956			
Address			
Macon, GA 31201			
City, State and Zip Code			
bbrucetlh@gmail.com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
James Blakely Bruce	1 114-47/00		
Name of Contact Person Area Coo	D) 224 - 4760 de 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 ☐ \$1,105.00 Filing Fees ☐ \$1,000 - Certificate of ☐ ☐ and Certificate of ☐ ☐ Status	_		
Registration SectionRegDivision of CorporationsDivClifton BuildingP. C	silLING ADDRESS: gistration Section ision of Corporations D. Box 6327 lahassee, 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:				
Bruce Family Partnership, 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 Georgia				
(Enter state, or if a non-U.S. entity, the name of the country)				
September 20,1995 on				
(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:				
Bruce Family Partnership, 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.

Signe	d this <u>27</u> d	ay of DEC	MBER	20	181	<u>_</u> .
Partu	ership/Limited I	iability Limite	isted in Attached ed Partnership: In e true, Any false in	divid	ual(s) sign	ing affirm(s)
degree	e felony as provide	ed for in s.817.	155, F.S.			
Signat Printe	ure: <u>James</u> d Name: <u>James Blak</u>	ely Bruce	Bung Title	Gene	eral Partner	
Signat	ure:					
Signat Printe	ure:d Name:		Title	: <u>_</u>		
			Title			
			Title			
Signat Printe	ure: d Name:	White	Title	:		
that th degree	e facts stated in the felony as provide	nis document ar ed for in s.817.1	her Business Entite true. Any false in 155, F.S. [See below	nform v for i	nation cons required si	stitutes a third gnature(s).]
If Flo i Signat	r <mark>ida Corporation:</mark> ure of Chairman, V	⁷ ice Chairman, 1	Director, or Officer.			
	rida General Part ure of one General		ited Liability Part	nersh	i <u>n:</u>	
	<mark>rida Limited Liab</mark> ure of a Member o					
All ot! Signat	<u>iers:</u> ure of an authorize	d person.				
Fees:	Certificate of Cor Fees for Florida C (\$965 Filling Fee Certified Copy: Certificate of Stat	Certificate of Lir and \$35 Filing I	nited Partnership: Fee)	\$ \$1,0 \$ \$	52.50 000.00 52.50 (Op 8.75 (Op	

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

Bruce Family Partnership, 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.I.,P. or LLLP.
2. 1473 Spruce Avenue
Street address of initial designated office
Tallahassee, FL 32303
3. James Blakely Bruce
Name of Registered Agent for Service of Process
4. 1473 Spruce Avenue
Florida street address for Registered Agent
Tallahassee, FL 32303
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 an accept the obligations of my position as registered agent. Signature of Registered Agent
,
6 Mailing address of initial designated office
1473 Spruce Avenue; Tallahassee, FL 32303
7. If limited partnership elects to be a limited liability limited partnership, check box \Bar\B.

8. Name and business address of each Name:	general partner: Business Address:
James Blakely Bruce	1473 Spruce Avenue
	Tallahussee, FL 32303
<u> </u>	
Signed this 27 day of	DECEMBER , 2018
	vidual(s) signing affirm(s) that the facts stated in mation constitutes a third degree felony as James Blokeley Buce