

A19000000267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

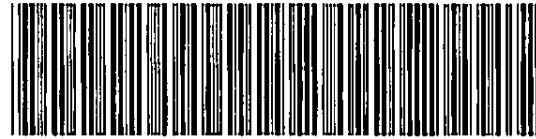
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

GP

Office Use Only



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FILED
19 JUN 25 AM 5:10
STATE
TALLAHASSEE, FLORIDA

K. SALY
JUL - 3 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2019

ROBERT D. ROYSTON, JR., P.A.
ROBERT D. ROYSTON, JR.
P.O. BOX 07159
FORT MYERS, FL 33919

SUBJECT: WALDEN CENTER LP
Ref. Number: B05000000130

We have received your document for WALDEN CENTER LP and your check(s) totaling \$1052.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Every corporation, limited partnership, general partnership, limited liability company or trust listed as a general partner of a limited partnership, general partnership, or registered limited liability limited partnership must have an active registration/filing on file with this office before this filing can be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

We do not have a "CHANTELLE VENTURES INC." listed on our data base. We do have a "CHANDELLE VENTURES INC." listed.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 219A00011900

RECEIVED

JUN 25 2019

*THE TYPOGRAPHICAL ERROR HAS
BEEN CORRECTED*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Walden Center 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:

Robert D. Royston, Jr.
Contact Person
Robert D. Royston, Jr., P.A.
Firm/Company
P.O. Box 07159
Address
Fort Myers, FL 33919
City, State and Zip Code
RRoyston@rroystonlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert D. Royston, Jr. at (239) 205-2296
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 ☐ \$1,113.75 Filing Fees.
((\$52.50 for Conversion and Certificate of Status and \$1,000 – Certificate) and Certified Copy Certified Copy, and 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

FILED
19 JUN 25 AM 5:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

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

on January 23, 2001
(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**:

Walden Center 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: _____
(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.

Signed this 23rd day of May, 2019.

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: [Signature]
Printed Name: Michael A. Ackerman Title: Pres. Chantelle Ventures Inc., GP

Signature: [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: [Signature]
Printed Name: Michael A. Ackerman Title: Pres. of Chantelle Ventures Inc., GP

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)

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19 JUN 25 AM 5:1
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED
19 JUN 25 AM 5:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Walden Center LP

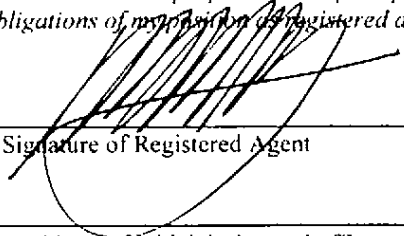
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P., or L.L.P.

2. 15 Cherry Hills Park Dr., Englewood, CO 80113-7175
Street address of initial designated office

3. Robert D. Royston, Jr.
Name of Registered Agent for Service of Process

4. 12140 Carissa Commerce Ct., Suite 102, Fort Myers, FL 33966
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

6. _____
Mailing address of initial designated office

15 Cherry Hills Park Dr., Englewood, O 80113-7175

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:

~~Chantelle~~ Ventures Inc.,

15 Cherry Hills Park Dr.


Chandelle (M.P.A.) 6-24-19

Englewood, CO 80113-7175

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 23rd day of May 2019

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.


MICHAEL A. ACKERMAN, PRES.
~~CHANTELLE~~ VENTURES INC., G.P.
Chandelle (M.P.A.) 6-24-19