# A2000000098

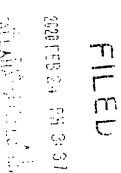
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





000340923610

02/24/20--01032--023 ++1052.50



K. SALY MAR - 6 2020

#### **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	ECT: SCHROCK FAMILY LIMITED PARTNERSHIP	
	Name of Resulting Florida Limited Partnership or Lim	ited Liability Limited Partnership
submit	nclosed Certificate of Conversion, Certificate of Limit tted to convert an "Other Organization" into a Florida ed Liability Limited Partnership in accordance with s.	Limited Partnership or
Please	return all correspondence concerning this matter to:	
Gregor	y S. Oropeza, Esq.	
	Contact Person	
Oropez	a, Stones & Cardenas, PLLC	
	Firm/Company	•
221 Sin	nonton Street	
	Address	
Key W	est, Florida 33040	
	City. State and Zip Code	
Greg@	oropezastonescardenas.com	
E-r	mail address: (to be used for future annual report notification)	
For fu	rther information concerning this matter, please call:	
Patricia	a Gae Ganister at ( 305	) 294-0252
	Name of Contact Person Area Code ar	d Daytime Telephone Number
Enclos	sed is a check for the following amount:	

☐ \$1,061.25 Filing Fees

and Certificate of

Status

## **Mailing Address:**

■ \$1,052.50 Filing Fees

and \$1,000 - Certificate)

Fees, (\$52.50 for Conversion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### **Street Address:**

and Certified Copy

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

□\$1,105.00 Filing Fees □\$1,113.75 Filing

Certified Copy, and

Certificate of Status

#### Certificate of Conversion

For

# "Other Business Organization"



Florida Limited Partnership or Limited Liability Limited Partnership (Alphi)

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:

SCHROCK FAMILY LIMITED PARTNERSHIP, an Indiana limited partnership

(Enter Name of Other Business Entity)
t. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited liability company, sole proprietorship, general partnership, common law or business trust, etc.)
irst organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
June 25, 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:

SCHROCK FAMILY LIMITED PARTNERSHIP, a Florida limited partnership

# (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: March 1, 2020 (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 14 day of Februar,	20
Signature of Each General Partner Listed in Attack	ned Certificate of Limited
Partnership/Limited Liability Limited Partnership	: Individual(s) signing affirm(s)
that the facts stated in this document are true. Any fals degree felony as provided for in s.817.155, F.S.	e information constitutes a third
degree leiony as provided for in s.817.133, F.S.	
Signature:	
Printed Name: Harold D. Schrock T	itle: General Partner
XSignature: Jemmploch	<del></del>
Printed Name: Jeannine Schrock T	itle: General Partner
- The state of the	
Signature:	
Printed Name: T	itle:
Signature: T	itle:
Signature:	
Printed Name:T	itle:
Signature:	
Printed Name:T	itle:
that the facts stated in this document are true. Any fals degree felonylas provided for in s.817.155, F.S. [See be Signature:	e information constitutes a third elow for required signature(s).]
Printed Name; Harold D. Schrock Ti	itle: General Partner
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Office If Directors or Officers have not been selected, an Incorporate If Florida General Partnership or Limited Liability Passignature of one General Partner.	orator must sign.  Ortnership:
If Florida Limited Liability Company:	\$ . 12 <b>. 1</b>
Signature of a Member or Authorized Representative.	The second secon
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)	
Certified Copy:	\$ 52.50 (Optional)
Certificate of Status:	\$ 8.75 (Optional)

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



SCHROCK FAMILY LIMITED PARTNERSHIP, a Florida limited partnership (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. 711 South Street, Key West, Florida 33040 Street address of initial designated office 3. Gregory S. Oropeza, Esq. Name of Registered Agent for Service of Process 221 Simonton Street, Key West, Florida 33040 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 an accept the obligations of my position as registered agent. Signature of Registered Agent Mailing address of initial designated office 711 South Street, Key West, Florida 33040

Page 1 of 2

7. If limited partnership elects to be a limited liability limited partnership, check box \( \subseteq \).

Name:	general partner: Business Address:	
Harold D. Schrock	711 South Street	F11 2020 FEB 24
	Key West, Florida 33040	TALLAHARAR
Jeannine Schrock	711 South Street	
	Key West, FL 33040	0
-		···
1 / <b>U</b>		
signed this bt day of	tebruan, 2	<u>-02</u> .
signature of each general partner: Indivi	idual(s) signing affirm(s) that the nation constitutes a third degree for	facts stated in clony as
rd tide U/kW in s.817.155, F.S.	Harold D. Schrock	: