

A20000000218

(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

W2-56699 L2980

Office Use Only 558-1520



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2020 MAY 27 PM 2:04

K. SALY
JUN - 8 2020

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : 120000000195

REFERENCE : 293769 7131809

AUTHORIZATION :

COST LIMIT : \$ 1052.50

ORDER DATE : May 14, 2020

ORDER TIME : 9:33 AM

ORDER NO. : 293769-015

CUSTOMER NO: 7131809

DOMESTIC AMENDMENT FILING

NAME: CAPRICORN HOLDINGS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER'S INITIALS: _____



FILE 2ND

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 3, 2020

CSC

RESUBMIT

Please give original
submission date as file date.

SUBJECT: CAPRICORN HOLDINGS, LLC
Ref. Number: L15000179467

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

CAPRICORN HOLDINGS, LLC cannot convert to CAPRICORN HOLDINGS, LP since there is an active Limited Partnership under the same name.

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) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 420A00010992

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPRICORN HOLDINGS, 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:

David M. Hryck

Contact Person

Reed Smith LLP

Firm/Company

599 Lexington Avenue

Address

New York, NY 10022

City, State and Zip Code

akotras@lotusimm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David M. Hryck

at (212) 549-0370

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$1,052.50 Filing Fees Fees, (\$52.50 for Conversion and \$1,000 – Certificate) | <input type="checkbox"/> \$1,061.25 Filing Fees and Certificate of Status | <input type="checkbox"/> \$1,105.00 Filing Fees and Certified Copy | <input type="checkbox"/> \$1,113.75 Filing Certified Copy, and Certificate of Status |
|--|---|---|--|

Mailing Address:

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

Street Address:

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

Certificate of Conversion
For
"Other Business Organization"
Into

Florida Limited Partnership or Limited Liability Limited Partnership

FILED
2020 MAY 27 PM 4:57
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:

CAPRICORN HOLDINGS, 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 10/21/2015
(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**:

CAPRICORN HOLDINGS, 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 14th day of MAY, 2020.

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: /s/ David M. Hryck
Printed Name: Capricorn Holdings GP, LLC Title: General Partner

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: /s/ David M. Hryck
Printed Name: David M. Hryck Title: Authorized Representative

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) |

2020 MAY 27 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

FILED
2020 MAY 27 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Capricorn Holdings, 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 LLLP.

2. 7901 4th Street N, Suite 300, St. Petersburg, Florida 33702
(Street address of initial designated office)

3. Registered Agents Inc.
(Name of Registered Agent for Service of Process)

4. 7901 4th Street N, Suite 300
(Florida street address for Registered Agent)
St. Petersburg, Florida 33702

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.*

By: 
Signature of Registered Agent

6. 7901 4th Street N, Suite 300, St. Petersburg, Florida 33702
(Mailing address of initial designated office)

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:

Capricorn Holdings GP, LLC

7901 4th Street N, Suite 300

St. Petersburg, Florida 33702

FILED

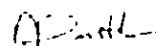
2020 MAY 27 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 14TH day of MAY, 2020

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.

By: **Capricorn Holdings GP, LLC**



Name: David M. Hryck

Title: Authorized Person