## A2000000224

(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:
1)7-5/-/250 127 120-1
U2-56650 NOT Avail

Office Use Only



400345813444



248 JUH 10 内 2:55



JUN 11 2020 M. SOLOMON



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	06/05/2020	
Name:		_
	#:1229177	_
Entity Nam	e:JENSEN ENTERPRIS	ES LIMITED PARTNERSHIP
✓ Artic	cles of Incorporation/Authorization	n to Transact Business
	endment	
	inge of Agent	
_	nstatement	
☐ Con	version	
☐ Mer	ger	
☐ Diss	solution/Withdrawal	·
☐ Ficti	itious Name	
Oth	er	
Authorized Signature:		

F: 800.944.6607

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	06/05/2020	
	Chris Vick	_
	1229177	_
		ES LIMITED PARTNERSHIP
Article	s of Incorporation/Authorization	to Transact Business
Amen	dment	
☐ Chang	ge of Agent	
Reins	tatement	
✓ Conve	ersion	
☐ Merge	er	
☐ Dissol	lution/Withdrawal	
Fictition	ous Name	
Other		
Authorized A Signature:	mount: \$52.50	

F: 800.944.6607

F: +852.2682.9790

June 8, 2020

COGENCYGLOBAL

SUBJECT: JENSEN ENTERPRISES LIMITED PARTNERSHIP

Ref. Number: W20000056650

We have received your document for JENSEN ENTERPRISES LIMITED PARTNERSHIP and the authorization to debit your account in the amount of \$1052.50. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P96000095039 "JENSEN ENTERPRISES, INC.".

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: 320A00011202

Sect (15: 10 12: 15: 10

# 2.5 JEN 10 ME 5.5

#### **Certificate of Conversion**

For

#### "Other Business Organization"

Into

### Florida Limited Partnership or Limited Liability Limited Partnership

This Certificate of Conversion <u>and attached Certificate of Limited Partnership</u> at submitted to convert the following "Other Business Entity" into a Florida Limite Partnership or Limited Liability Limited Partnership in accordance with s.620.2	d
Florida Statutes.	20 15/2
1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:	#100   100
Jensen Enterprises Limited Partnership	- A
(Enter Name of Other Business Entity)	· · · · · · · · · · · · · · · · · · ·
2. The "Other Business Entity" is a LIMITED PARTNERSHIP	9,125 12,125 12,125
(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	
(Enter state, or if a non-U.S. entity, the name of the country) June 9, 2014	
on (Enter date "Other Business Entity" was first organized, formed or incorpora	·
<ol><li>The name of the Florida Limited Partnership or Limited Liability Limited Partner as set forth in the attached Certificate of Limited Partnership:</li></ol>	ship
JENSEN ENTERPRISES I 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 approve such a manner that complied with the converting organization's governing law.	d in
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 the document is filed by the Florida Department of State.)	is
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 conver	

7. The "Other Business Entity" currently exists on the official records of the jurisdiction

Signed this	_day ofJune	<u></u>	. 20 20			
Partnership/Limited that the facts stated in	eneral Partner Listed   Liability Limited Part this document are true. ided for in s.817.155, F.	tnership: Indi Any false info	vidual(s) signin	g affirm(s)		
Signature: Printed Name: James C.	Jensen					
Signature:Printed Name:				Inc., General Pa	rtner	
Signature:						
Signature:Printed Name:		Title: _				
Signature:Printed Name:		Title: _				
Signature:Printed Name:		Title: _				
that the facts stated in	this document are true. ided for in s.817.155, F.:	Any false info	ormation consti for required sign	tutes a third		
	)			GP, Inc., General	Partne	r
	n: , Vice Chairman, Directo have not been selected, a		must sign.	in the	24.0	
If Florida General Pa Signature of one Gener	rtnership or Limited Li al Partner.	ability Partne	rship:	gas den 12 tres 400 de	2421 JUN 1	
If Florida Limited Lia Signature of a Member	ability Company: or Authorized Represent	tative.		21 - <u>12</u>	3	[]
All others: Signature of an authoriz	zed person.			<b>ロ</b>	2: 55	د. پ
	a Certificate of Limited P Filing Fee and \$35 Filing	artnership: S Fee)	\$ 52.50 \$1,000.00 \$ 52.50 (Option 2.75 (Opti			

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

(Name of Limited Partnership or Limited Liability Limited Partnership, which macceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Inceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Inc. LLLP.	.td.
4839 West Blvd., Naples, Florida 34103	
Street address of initial designated office	
	<b>₽</b> -
James C. Jensen	\$6 67
Name of Registered Agent for Service of Process	
4839 West Blvd., Naples, Florida 34103	
	€.
Florida street address for Registered Agent	
I hereby accept the appointment as registered agent and agree to act in this capace mply with the provisions of all statutes relative to the proper and complete performed I am familiar with an accept the obligations of my position as registered agent.  Signature of Registered Agent  4839 West Blvd., Naples, Florida 34103  Mailing address of initial designated office	ity. I further agree to ince of my duties,

Jensen Ventures GP, Inc.	4839 West Blvd.				
	Naples, Florida 34103	•			
		,			
		-			
		220			
	9 169 7 200	01 NOC #2#2			
	The Land		T)		
	5.44 5.00	73. 2:			
	A	56			
Signed this 4TH day of June	,2020				
Signature of each general partner: Individual this document are true. Any false informatio provided for in s.817.155, F.S.	l(s) signing affirm(s) that the facts stated in on constitutes a third degree felony as				
	Jensen Ventures GP, Inc., General Partner				

James C. Jenson, President of

**Business Address:** 

8. Name and business address of each general partner:

Name:

Jensen Ventures GP, Inc.