

A210000000123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

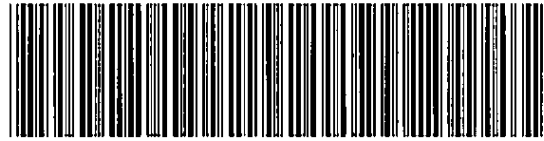
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2021 MAR 19 PM 1:49
CLERK OF SUPERIOR COURT
STATE OF NEW YORK

1151

21 MAR 19 AM 2:25

MAR 22 2021

M. SOLOMON

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

ACCOUNT NO. : I20000000195
REFERENCE : 722533 7721442
AUTHORIZATION : *Lyndell Coleman*
COST LIMIT : \$ 1052.50

ORDER DATE : March 18, 2021
ORDER TIME : 11:16 AM
ORDER NO. : 722533-005
CUSTOMER NO: 7721442

DOMESTIC AMENDMENT FILING

NAME: SCHLACHTER FAMILY PARTNERSHIP,
L.P.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT/CONVERSION,
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER'S INITIALS: _____

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:

SCHLACHTER 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 MISSOURI STATE
(Enter state, or if a non-U.S. entity, the name of the country)

on MARCH 30, 2000
(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:

SCHLACHTER 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.

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3/18/2021

Signed this _____ day of _____, 20_____.

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: _____

Printed Name: JEFFREY L. SCHLACHTER, TRUSTEE

Title: GENERAL PARTNER

of the Jeffrey L. Schlachter Revocable Trust
u/a/d August 27, 1997

Signature: _____

Printed Name: LINDA A. SCHLACHTER, TRUSTEE

Title: GENERAL PARTNER

of the Linda A. Schlachter Revocable Trust
u/a/d August 27, 1997

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: _____

Printed Name: JEFFREY L. SCHLACHTER, TRUSTEE

Title: GENERAL PARTNER

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

1. SCHLACHTER 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.L.P.
or LLLP.*

2. 7210 ASHLAND GLEN, LAKEWOOD RANCH, FL 34202

Street address of initial designated office

3. GREGORY S. BAND

Name of Registered Agent for Service of Process

4. ONE SOUTH SCHOOL AVENUE, SUITE 500

Florida street address for Registered Agent

SARASOTA, FL 34237-6024

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

7210 ASHLAND GLEN, LAKEWOOD RANCH, FL 34202

7. If limited partnership elects to be a limited liability limited partnership, check box ☐.

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8. Name and business address of each general partner:

Name:

Business Address:

Jeffrey L. Schlachter, Trustee of the

7210 ASHLAND GLEN

Jeffrey L. Schlachter Revocable
Trust u/a/d August 27, 1997

LAKEWOOD RANCH, FL 34202

Linda A. Schlachter, Trustee of the

7210 ASHLAND GLEN

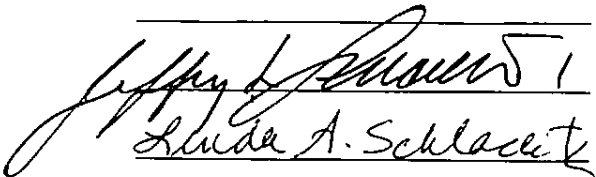
Linda A. Schlachter Revocable
Trust u/a/d August 27, 1997

LAKEWOOD RANCH, FL 34202

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Signed this 18th day of March, 2021

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.


Jeffrey L. Schlachter

