

A21000000387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

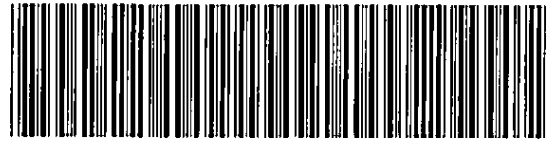
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2021 AUG -2 AM 9:15

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STATE OF FLORIDA
TALLAHASSEE, FL

2021 08 02



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

Account#: 1200000000088

Date: 07/30/2021

Name: Chris Vick

Reference #: 1438769

Entity Name: BRICKER-ROSEN INVESTMENTS, L.P.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☒ Conversion

☐ Merger

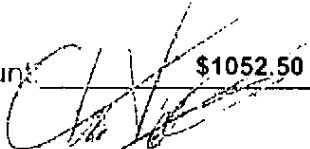
☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

*File
First*

Authorized Amount: \$1052.50

Signature: 

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRICKER-ROSEN INVESTMENTS, L.P.
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:

Contact Person

Firm/Company

Address

City, State and Zip Code

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

For further information concerning this matter, please call:

Name of Contact Person

at (_____) _____
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

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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.

BRICKER-ROSEN INVESTMENTS, L.P.

LIMITED PARTNERSHIP

first organized, formed or incorporated under the laws of ILLINOIS
(Enter state, or if a non-U.S. entity, the name of the country)

3. The name of the Florida Limited Partnership or Limited Liability Limited Partnership as set forth in the **attached Certificate of Limited Partnership:**

(Enter Name of Florida Limited Partnership or Limited Liability Limited Partnership)

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.)

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 30 day of July, 2021.

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: Deborah A. Bricker, Trustee
Printed Name: Deborah A. Bricker, as Trustee of the Title: MANAGER OF BRICKER-ROSEN
DEBORAH BRICKER LIVING TRUST MANAGEMENT SERVICES, L.L.C. BEING

Signature: _____ Title: THE GENERAL PARTNER OF BRICKER-ROSEN
Printed Name: _____ Title: INVESTMENTS, L.P. ☒

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: Deborah A. Bricker, Trustee
Printed Name: Deborah A. Bricker, as Trustee of the Title: MANAGER OF BRICKER-ROSEN
DEBORAH BRICKER LIVING TRUST MANAGEMENT SERVICES, L.L.C., General

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer. Partner

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: | \$1,000.00 |
| (\$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**

1. BRICKER-ROSEN INVESTMENTS, 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 L.L.P.

2. 101 Worth Ave., Apt. 2B, PALM BEACH FL 33480
Street address of initial designated office

3. COGENCY GLOBAL INC.
Name of Registered Agent for Service of Process

4. 115 North Calhoun St Suite 4 Tallahassee, FL 32301
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.*

/s/ Eric Hood, Assistant Secretary

Signature of Registered Agent

6. 101 Worth Ave., Apt. 2B, PALM BEACH FL 33480
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:

BRICKER-ROSEN MANAGEMENT

101 Worth Ave., Apt. 2B, Palm Beach, FL 33480

SERVICES, L.L.C.

Signed this 30 day of July, 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.

Deborah A. Bricker, as Trustee of the Deborah Bricker Living Trust, Manager of Bricker-Rosen Management Services, L.L.C., General Partner