

A22000000060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

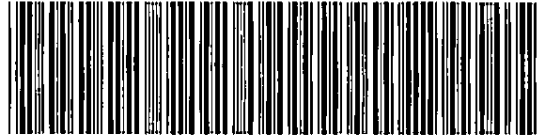
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400379329814

RECEIVED

2022 JAN 25 PM 2:52

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED

2022 JAN 25 AM 10:33

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

K. SALY

FEB - 2 2022

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
850.656.7953

REQUEST DATE 1/25/2022

PRIORITY Regular Approval

OUR REF. # (Order ID#) 993912

ORDER ENTITY
HILLCREST RESERVE LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

HILLCREST RESERVE LLC (FL)

File the attached conversion and subsequent Certificate of Limited Partnership and provide a certified copy.

NOTES:

\$1,105.00 Authorized (Client fax filed GP under (((H22000031115 3))) on 1/24/2022.

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written in a cursive style.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

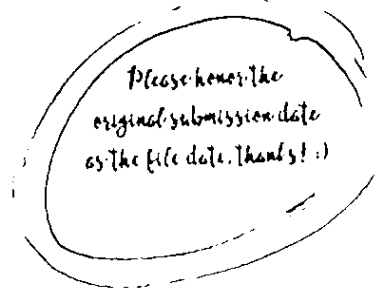


FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 26, 2022

INCSERV

SUBJECT: HILLCREST RESERVE, LLC
Ref. Number: L19000185710



We have received your document for HILLCREST RESERVE, LLC and the authorization to debit your account in the amount of \$1105.00. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

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: 622A00001999

*Please honor the
original submission date
as the file date. Thanks! :)*

RECEIVED
2022 JAN 28 PM 2:52
TALLAHASSEE, FLORIDA
STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2022

INCORPORATING SERVICES

SUBJECT: HILLCREST RESERVE, LLC
Ref. Number: L19000185710

*Please honor the
original submission date
as the file date. thanks! :)*

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

Please accept our apology for failing to mention this in our previous letter.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), s.607.1622(9) and/or 607.1622(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 122A00002343

*Please honor the
original submission date
as the file date. thanks! :)*

TALLAHASSEE, FLORIDA

2022 FEB - 1 PM 3:13

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FILED

2022 JAN 25 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

HILLCREST RESERVE, LLC

119000185710 (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 07/31/2019

(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:

HILLCREST RESERVE, LLLP

(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 24 day of January, 2022.

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: Janet M. Stringfellow Title: President / CEO
Officer of GP, VOAF Offus Winter Haven, LLC

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: Darren Smith
Printed Name: Darren J. Smith Title: Manager

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)

2022 JAN 25 AM 10:33
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

FILED

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

FILED
2022 JAN 25 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. HILLCREST RESERVE, LLLP

(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. 1100 NW 4TH AVE

Street address of initial designated office

DELRAY BEACH, FL 33444

3. CORPORATION COMPANY OF MIAMI

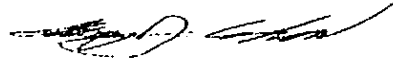
Name of Registered Agent for Service of Process

4. 200 S. BISCAYNE BLVD STE 4100 (GJC)

Florida street address for Registered Agent

MIAMI, FL 33131

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 Gary J. Cohen, Vice President

6. 1100 NW 4TH AVE

Mailing address of initial designated office

DELRAY BEACH, FL 33444

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

8. Name and business address of each general partner:

Name:

VOAF Ortus Winter Haven, LLC

Business Address:

c/o Janet M Stringfellow

Central Avenue, Suite 100 St. Petersburg, FL 33701

FILED
2022 JAN 25 AM 10:33
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Signed this 24 day of January, 2022

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.

VOAF Ortus Winter Haven, LLC