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(Re	questor's Name)	<del></del>	
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(Cit	ty/State/Zip/Phone	: #)	
PICK-UP	MAIT	MAIL	
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(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
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#### **COVER LETTER**

TO: Registration Section

Division of Corporations			
SUBJECT: 59 LEEC LIMITED PARTNERSHIP			
	nership or Limited Liability Limited Partnership		
	seesally of Samued Submity Britines Farmership		
The enclosed Certificate of Conversion, Certifi	cate of Limited Partnership, and fees are		
submitted to convert an "Other Organization" i	nto a Florida Limited Partnership or		
Limited Liability Limited Partnership in accord	lance with s. 620.2104, F.S.		
Please return all correspondence concerning thi	s matter to:		
g			
SAMUEL L BRAUNSTEIN			
Contact Person			
BRAUNSTEIN AND TODISCO, PC			
Firm/Company			
ONE ELIOT PLACE, SUITE 302			
Address			
CAIDDITI D. CT 0/D24 5154			
FAIRFIELD, CT 06824-5154	<del></del>		
City, State and Zip Code eahammers 72 equal.com			
E-mail address: (to be used for future annual report	notification)		
E min address. (to be used for future aimdar report	mornication)		
For further information concerning this matter,	please call:		
SAMUEL L BRAUNSTEIN	t ( <sup>203</sup> ) 254-1118		
Name of Contact Person	Area Code and Daytime Telephone Number		
	Total 2020 and supposed Palmoet		
Enclosed is a check for the following amount:			
\$1.052.50 Filing Fees  \$1,061.25 Filing Fees	\$1,105.00 Filing Fees \$1,113.75 Filing		
Fees, (\$52.50 for Conversion and Certificate of	and Certified Copy Certified Copy, and		
and \$1,000 - Certificate) Status	Certificate of Status		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	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

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:

e de la companya de					
59 LEEC LIMITED PARTNERSHIP					
(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 ofConnecticut					
(Enter state, or if a non-U.S. entity, the name of the country)					
on 09/20/2005					
(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 <b>attached Certificate of Limited Partnership</b> :					
59 LEEC LIMITED PARTNERSHIP					
(Enter Name of Florida Limited Partnership or Limited Liability Limited Partnership)	-لىـ				
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.)

under which it is currently organized, formed or incorporated.

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

Signed	this <b>22</b>	_day of_AUGUST		20	)22
Partne that the degree	ership/Limited in felony as prov	n this document are vided for in s.817.15	Partnership: Ind true. Any false inf 5, F.S.	ivid orm	ual(s) signing affirm(s) ation constitutes a third
Signatu Printed	ire: <u>مُن ما</u> Name: <u>LYNEL</u>	Company LLC, by: Ela	ine Hammers Title:	Its	Manager
Signatu Printed	ire:  Name:		Title:		
Signatu Printed	ire:   Name:		Title:		
Signatu Printed	ire:   Name:		Title:		
Signatu Printed	ire:   Name:		Title:		
that the degree Signatu	e facts stated i felony as pro- are:	n this document are vided for in s.817.15	true. Any false in 5, F.S. [See below	forn for	dividual signing affirms nation constitutes a third required signature(s).]
Printed	Name: <u>LYNEL</u>	. Company LLC, by: Ela	ine Hammers Title:	lts M	lanager
Signati	i <mark>da Corporati</mark> are of Chairma ctors or Office	<u>on:</u> n, Vice Chairman, D rs have not been selec	rector, or Officer. eted, an Incorporate	or m	ust sign.
	ida General P are of one Gene	<mark>artnership or Limit</mark> eral Partner.	ed Liability Partn	ersh	ip:
•		iability Company: er or Authorized Rep	resentative.		
All oth Signati	i <mark>ers:</mark> are of an autho	rized person.			
Fees:	0 35 0			e e	<b>73</b>
		Conversion: da Certificate of Lim Filing Fee and \$35 F		\$ \$1.	52.50 000.00
	Certified Cop Certificate of	y:		\$ \$	52.50 (Optional) 8.75 (Optional)

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

1. 59 LEEC LIMITED PARTNERSHIP
(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. or LLLP.
2. 3667 VIA MONTE NAPOLEONE DRIVE
Street address of initial designated office
KISSIMMEE, FL 34759
3. Elaine Hammers
Name of Registered Agent for Service of Process
4. 3667 VIA MONTE NAPOLEONE DRIVE
Florida street address for Registered Agent
KISSIMMEE, FL 34759
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.  Clair Hamsen  Signature of Registered Agent
6. 3667 VIA MONTE NAPOLEONE DRIVE
Mailing address of initial designated office
KISSIMMEE, FL 34759
7. If limited partnership elects to be a limited liability limited partnership, check box

<ol> <li>Name and business address of each g Name:</li> </ol>	Business Address:			
LYNEL Company LLC	3667 VIA MONTE NAPOLEONE DRI	3667 VIA MONTE NAPOLEONE DRIVE		
	KISSIMMEE, FL 34759			
		_		
<del></del>				
Signed this <b>22</b> day of A	august 2022			
•	idual(s) signing affirm(s) that the facts st	ated in		
	nation constitutes a third degree felony as			
LYNEL Company LLC by: Elaine Hummers Its Manager, duly authorized.				