

A23000000234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

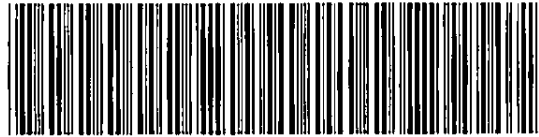
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000407516460

05/05/23--01003--013 **1052.50

2023 MAY -5 PM 1:04

RECEIVED
FILED

RECEIVED
2023 MAY -5 PM 3:16
TALLAHASSEE, FLORIDA

MAY 08 2023

C. Brumbley

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 05/05/23

NAME: HARVEST PARTNERS II, L.P.

TYPE OF FILING: CONVERSION

COST: 1,052.50 - CHECK ATTACHED

RETURN: PLAIN COPY PLEASE

~~ACCOUNT: ECA000000015~~

~~AUTHORIZATION: ABBIE PAUL HODGE~~

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:

Harvest Partners II, 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, general partnership, common law or business trust, etc.)

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

on _____ 6/27/1996
(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:**

Harvest Partners II, 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: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Limited Partnership, if an effective date is listed therein.)

Signed this 3rd day of May, 2023.

Signature of Each General Partner Listed in Attached Certificate of Limited Partnership/Limited Liability Limited Partnership:

Signature: Katherine Fitzsimmons
Printed Name: Katherine Fitzsimmons Title: President of Harvest Capital Investment Company III Inc., the General Partner

Signature: Katherine Fitzsimmons
Printed Name: Katherine Fitzsimmons Title: President of Harvest Capital Investment Company III Inc., the General Partner

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: [See below for required signature(s).]

Signature: Katherine Fitzsimmons
Printed Name: Katherine Fitzsimmons Title: President of Harvest Capital Investment Company III Inc., the 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:	\$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**

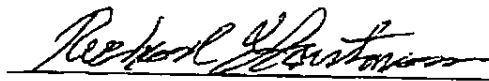
1. Harvest Partners II, L.P.
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) *Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

2. 109 Curacao Lane
(Street address of initial designated office)
Bonita Springs, Florida 34134

3. Richard Horstmann
(Name of Registered Agent for Service of Process)

4. 109 Curacao Lane
(Florida street address for Registered Agent)
Bonita Springs, Florida 34134

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. 109 Curacao Lane
(Mailing address of initial designated office)
Bonita Springs, Florida 34134

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:

Harvest Capital Investment Company III Inc.

109 Curacao Lane

Bonita Springs, Florida 34134

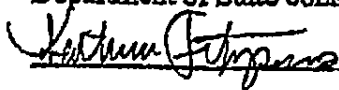
9. Effective date, if other than the date of filing:

(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 3rd day of May, 2023

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Katherine Fitzsimmons, President of

Harvest Capital Investment Company III Inc.,

the General Partner

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

\$52.50

\$0.75