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(Pa	equestor's Name)	
(Ne	equestors (varie)	
(Ac	idress)	
(Ac	idress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(D.	siness Entity Name)	
(Bu	isiness Entity (vame)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
6	Filian Officer	
Special Instructions to	Filing Officer:	

Office Use Only



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APPRUVED FILED
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COVER LETTER

★				
TO: Registration Section				
Division of Corporations				
SUBJECT: BUEN VECINO APARTMENTS LP				
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:				
MYLIKA MORTON				
Contact Person				
ASAP LAW PLLC				

Contact i cison			
ASAP LAW PLLC			
Firm/Company			
111 N ORANGE AVE STE 800			
Address		_	
ORLANDO, FL 32805			
City, State and Zip Code			
MYMORTON@ASAPLAWFIRM.COM			
E-mail address: (to be used for future annual report	notification)	_	
For further information concerning this matter	, please call	:	
MYLIKA MORTON	at (⁴⁰⁷) 461-9885	
Name of Contact Person		and Daytime 7	Telephone Number
Enclosed is a check for the following amount:			
■ \$1,052.50 Filing Fees Fees, (\$52.50 for Conversion and \$1,000 – Certificate) \$1,061.25 Filing Fees and Certificate of Status	☐\$1,105.0 and Certifi	00 Filing Fees ed Copy	☐ \$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

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 the Certificate of Conversion is:	2023 JUL	
BUEN VECINO APARTMENTS LLC		
(Enter Name of Other Business Entity)	α	
2. The "Other Business Entity" is a	, sole 1	
(Enter entity type. Example: corporation, limited liability company proprietorship, general partnership, common law or business trust,		
first organized, formed or incorporated under the laws of		
on (Enter date "Other Business Entity" was first organized, formed or incompanied.	rporated)	
3. The name of the Florida Limited Partnership or Limited Liability Limited P as set forth in the attached Certificate of Limited Partnership:	artnership	
BUEN VECINO APARTMENTS LP		
(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 day document is filed by the Florida Department of State.)	ate this	
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 24th day of July	. 2023				
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: Wendy Ford	Title: CEO				
Signature:					
Printed Name:	Title:				
Signature					
Signature:Printed Name:	Title:				
					
Signature:	riela.				
Printed Name:	Title:				
Signature:					
Printed Name:	Title:				
Signature:					
	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).]					
51 / 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Title: CEO				
Fillited Name. Wattly 1000	THIC. 330				
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 Partnersh (\$965 Filing Fee and \$35 Filing Fee)	nip: \$1,000.00				
Certified Copy: Certificate of Status:	\$ 52.50 (Optional) \$ 8.75 (Optional)				

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

BUEN VECINO APARTMENTS LP
(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. 700 Generation Point
Street address of initial designated office
Kissimmee, FL 34744
3. ASAP Law PLLC
Name of Registered Agent for Service of Process
44.
Florida street address for Registered Agent
Orlando, FL 32801
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 an accept the obligations of my position as registered agent. While Matain Signature of Registered Agent
Signature of Registered Agent
6
Mailing address of initial designated office
700 Generation Point Kissimmee FL 34744
7. If limited partnership elects to be a limited liability limited partnership, check box □.

Page 1 of 2

Name and business address of Name:	of each gen	eral partner. <u>Business Address:</u>
Osceola County Council on Aging Inc		700 Generation Point
		Kissimmee, FL 34744
7		
		
Signed this d	ay of	2023
Signature of each general partnerships document are true. Any false provided for in s.817.155, F.S.	er: Individu e informat	tal(s) signing affirm(s) that the facts stated in ion constitutes a third degree felony as
		Wendy Ford, CEO