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(Requestor's Name)

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(Address)

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(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

DEC 28 2023  
K. Brumley



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December 27, 2023

Secretary of State  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**VIA HAND DELIVERY**

Re: **Axlanna, Limited Partnership**

Dear Madam/Sir:

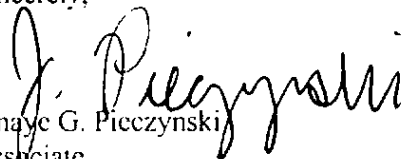
Enclosed for filing are the Certificate of Conversion and Certificate of Limited Partnership for Florida Limited Partnership for Axlanna, Limited Partnership, which are being submitted to convert an "Other Business Entity" into a "Florida Limited Partnership" in accordance with Chapter 620, Florida Statutes. Also enclosed is our check in the amount of:

<input type="checkbox"/> \$1,052.50	<input type="checkbox"/> \$1,061.25	<input type="checkbox"/> \$1,105.00	<input checked="" type="checkbox"/> \$1,113.75
Filing Fee (\$52.50	Filing Fees &	Filing Fees &	Filing Fees,
for conversion &	Certificate of Status	Certified Copy	Certified Copy &
\$1,000 –			Certificate of Status
Certificate)			

We will retrieve the certified copy. Please do not hesitate to call me at 850-425-5317 or email me at [jpiczynski@ausley.com](mailto:jpiczynski@ausley.com) if you have any questions.

Thank you in advance for your usual assistance in these matters.

Sincerely,

  
Janaye G. Piczynski  
Associate  
Ausley McMullen  
Florida Bar #: 1011787

/JGP  
Enclosures

**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:

Axlanna, 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 of Nevada  
**(Enter state, or if a non-U.S. entity, the name of the country)**

on October 14, 1999

**(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**:

Axlanna, Limited Partnership

**(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 27 day of December, 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: Scott Tetreault  
Printed Name: Scott A. Tetreault Title: as Manager of General Partner  
Twelve White Paws II, 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: Scott Tetreault  
Printed Name: Scott A. Tetreault Title: Registered Agent

**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
(S965 Filing Fee and S35 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. Axlanna, 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.P.,  
or L.L.P.*

2. 1815 Tuscan Hill Drive  
Street address of initial designated office

Tallahassee, FL 32312

3. Scott Tetreault  
Name of Registered Agent for Service of Process

4. 1815 Tuscan Hill Drive  
Florida street address for Registered Agent

Tallahassee, FL 32312

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.*

Scott Tetreault  
Signature of Registered Agent

6. 1815 Tuscan Hill Drive, Tallahassee, FL 32312  
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:

Twelve White Paws II, LLC

1815 Tuscan Hill Drive

Tallahassee, FL 32312

Signed this 27 day of December, 2023.

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.

Scott Tetreault

Scott A. Tetreault

as Manager of General Partner

Twelve White Paws II, LLC