

A240000000166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

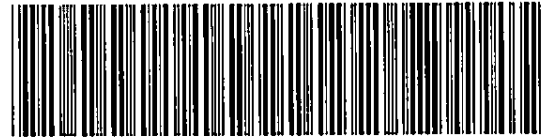
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

W24-51570

Office Use Only



300426070413

2024 MAR 29 AM 9:03

RECEIVED
FILED

TALLAHASSEE, FLORIDA

2024 MAR 29 PM 4:06

RECEIVED

APR 02 2024

K. Brumley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 1, 2024

COGENCY GLOBAL

SUBJECT: ROBERT SISTERS PICTURES, LLC
Ref. Number: W24000051570

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

Please adjust your coversheet to authorize the correct amount of money to be debited from your account.,

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: 424A00006890

RECEIVED
2024 APR -1 PM 4:21
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Please
keep
original
file date
OF
3/29/2024



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I200000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 04/01/2024

Name: Patrice Rush

Reference #: 2309931

Entity Name: ROBERT SISTERS PICTURES, LP

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☒ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$1052.50

Signature: 

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Robert Sisters Pictures, 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:

Douglas S. Robson
Contact Person
Barnes & Thornburg, LLP
Firm/Company
1 N Wacker Drive, Suite 4400
Address
Chicago, IL 60606
City, State and Zip Code
drobson@btlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Douglas S. Robson at (312) 214-4805
Name of Contact Person Area Code and Daytime Telephone Number

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:

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 this Certificate of Conversion is:

Robert Sisters Pictures, LLC

(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 _____ April 16, 2021

(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**:

Robert Sisters Pictures, 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: _____ April 1, 2024

(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 _____ day of _____, 20____ 24____.

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: *Sophia Robert Kapacinskas*
Printed Name: Sophia Robert Kapacinskas Title: General Partner

Signature: *Fiona Robert Kapacinskas*
Printed Name: Fiona Robert Kapacinskas Title: 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: 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: *Sophia Robert Kapacinskas*
Printed Name: Sophia Robert Kapacinskas 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)

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

1. Robert Sisters Pictures, LP

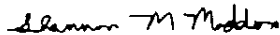
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.
or LLLP.*

2. 100 Worth Avenue, Unit 401, Palm Beach, Florida 33480
Street address of initial designated office

3. COGENCY GLOBAL INC.
Name of Registered Agent for Service of Process

4. 115 North Calhoun St. Suite 4 Tallahassee, FL 32301
Florida street address for Registered Agent

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. 100 Worth Avenue, Unit 401, Palm Beach, Florida 33480
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:

Sophia Robert Kapacinskas

100 Worth Avenue, Unit 401

Palm Beach, Florida 33480

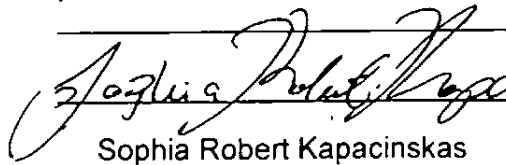
Fiona Robert Kapacinskas

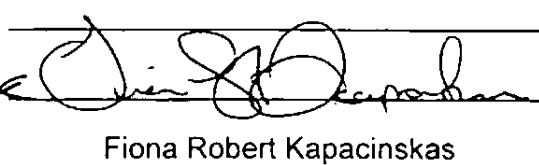
100 Worth Avenue, Unit 401

Palm Beach, Florida 33480

Signed this 28 day of March, 2024.

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.


Sophia Robert Kapacinskas


Fiona Robert Kapacinskas