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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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August 13, 2024

REGINALD EADIE 4224 FAWN MEADOWS CIR. CLERMONT, FL 34711

SUBJECT: CERS PROPERTY GROUP, LP

Ref. Number: W24000113889

We have received your document for CERS PROPERTY GROUP, LP and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form and fee submitted is to convert out of Florida. It appears you are trying to convert to create a new Florida LP and if that is correct then please out the enclosed application and return with a check or money order for an additional \$1,027.50,

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.

Letter Number: 424A00017953

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

www.sunbiz.org

DO DOV COOR Wallet areas Florida 299

COVER LETTER

TO: Registration Section Division of Corporations

| SUBJECT: CERS PROPERTY GROUP, LP Name of Resulting Florida Limited Partnership or Limited Liability Limited Partnership | | | |
|--|--|--|--|
| 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: | | | |
| REGINALD EADIE, MD Contact Person | | | |
| CERS PROPERTY GROUP Finn/Company | | | |
| 4224 FAWN MEADOWS CIRCLE | | | |
| CLERMONT FL 34711 City, State and Zip Code | | | |
| REGINALD, EADTEM DOGMATL. Com E-mail address: (to be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | |
| REGINALD EADIE, MM at (860) 670 - 2935 Nume of Contact Person Aren Code and Daytime Telephone Number | | | |
| Enclosed is a check for the following amount: | | | |
| Fees, (\$52.50 for Conversion and S1,000 - Certificate) \$1,052.50 Filing Fees and Certificate of Status \$2,1052.50 Filing Fees and Certified Copy Certified Copy, and Certificate of Status | | | |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FI 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: | | |
|--|----------|-------|
| CERS PROPERTY GROUP, LLC (Enter Name of Other Business Entity) | | |
| 2. The "Other Business Entity" is a | | |
| first organized, formed or incorporated under the laws of 40-30-23 (Enter state, or if a non-U.S. entity, the name of the country) | | |
| on 6 JUNE 2023 (Enter date "Other Business Entity" was first organized, formed or incorporated) | 202 | |
| as set forth in the attached Certificate of Limited Farthership. | ANS FILE | とでておこ |
| (ERS PROPERTY GROUP LP (Enter Name of Florida Limited Partnership or Limited Liability Limited Partnership) | PH 3: 00 | ACO |
| 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. | 0 | |

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.

5. If not effective on the date of filing, enter the effective date: FILE 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.)

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 9 day of SEPTEMBER | . 20 24 | |
|---|---|--|
| Signature of Each General Partner Listed in Attached C | ertificate of Limited | |
| Partnership/Limited Liability Limited Partnership: Indi | vidual(s) signing affirm(s) | |
| that the facts stated in this document are true. Any false info | ormation constitutes a third | |
| degree felony as provided for in s.817.155, F.S. | | |
| Signature: Regular Ealie MA Printed Name: REGINAIN EANIE, MITITLE: | | |
| Printed Name: RECTNAIN FANJE, MATITLE: | CC-OWNER | |
| Timed Table 1 | | |
| Signature: Shins K Casty | 40 11/60 | |
| Signature: Shaw K Casly Printed Name: SHAWH IC COSBY Title: | 60-00 NCK | |
| Signature: | | |
| Printed Name: Title: | | |
| Ci and drawn | | |
| Signature: | | |
| t timed Name. | | |
| Signature: | | |
| Printed Name:Title: _ | | |
| Signature: | | |
| Printed Name: Title: | | |
| Required Signature(s) on behalf of Other Business Entity: that the facts stated in this document are true. Any false infidegree felony as provided for in s.817.155, F.S. [See below Signature: K. K. C.S.R. Title: | formation constitutes a third for required signature(s).] | |
| Printed Name: SHAWN K. (RSRY Title: | CO-OWNER | |
| 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 Partnersignature of one General Partner. | ership: | |
| If Florida Limited Liability Company: Signature of a Member or Authorized Representative. | | |
| All others: Signature of an authorized person. | | |
| Fecs: | | |
| Certificate of Conversion: | \$ 52.50 | |
| Fees for Florida Certificate of Limited Partnership: \$1,000.00 | | |
| (\$965 Filing Fee and \$35 Filing Fee) | \$ 53.50 (Ontional) | |
| Certificate of Status: | \$ 52.50 (Optional) \$ 8.75 (Optional) | |

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

| CERS PROPERTY GROUP, 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. 7901 4# STREET N #19703 |
| Street address of initial designated office |
| ST. PETERSBURG FL, 3370Z |
| 3. REGINALD EADIE, MD |
| Name of Registered Agent for Service of Process |
| 4. 4224 FAWN MEADOWS GRELE |
| Florida street address for Registered Agent |
| CLERMONT FL 34711 |
| 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. |
| Reguld Sale MS Signature of Registered Agent |
| 6. 4327 S HWY 27 #169 Mailing address of initial designated office |
| CLERMONT FL 34711 |
| 7 If limited partnership elects to be a limited liability limited partnership, check box |

| 8. Name and business address of each gen Name: | neral partner: Business Address: |
|---|---|
| REGILALD ENDIEIMY | 7901 4TH STREET N #19703 |
| | 55 PETERSBURG FL, 33702 |
| SHAWNK COSBY | 7901 4TH STREET N #19703 |
| | ST. PETERSBURG FL, 33702 |
| | |
| | |
| | |
| | |
| | |
| | |
| Signed this9 day of | SEPTEMBER 2024 |
| Signature of each general partner: Individe this document are true. Any false information provided for in s.817.155, F.S. | hual(s) signing affirm(s) that the facts stated in ation constitutes a third degree felony as |
| Regiral Eadie, MIS Shown K. Col | |
| Show X. Col | |