# A9200000123

| . <u></u>                  |                   |                                       |
|----------------------------|-------------------|---------------------------------------|
| (Requ                      | iestor's Name)    |                                       |
| (Addr                      | ess)              |                                       |
| (Addr                      | ecc)              | · · · · · · · · · · · · · · · · · · · |
| (· .a.a.                   | 550,              |                                       |
| (City/                     | State/Zip/Phone # | <del>/</del> )                        |
| PICK-UP                    | MAIT              | MAIL                                  |
| (Busi                      | ness Entity Name  | <del>)</del>                          |
|                            |                   |                                       |
| (Docu                      | ıment Number)     | <del></del>                           |
| Certified Copies           | Certificates o    | of Status                             |
| Special Instructions to Fi | ling Officer:     |                                       |
|                            |                   |                                       |
|                            |                   |                                       |
|                            |                   |                                       |
|                            |                   |                                       |
| <u> </u>                   |                   |                                       |

Office Use Only



600374778946

10/12/21--01045--017 \*\*61.25

2021 OCT 12 PH 6: 27
SECRETARY OF STATE
ALLAHASSEE, FISHE

OCT 1 9 2021 S. PRATHER

### **COVER LETTER**

| TO:                           | Registration S<br>Division of C  |   |   |                    |  |
|-------------------------------|--|---|---|--------------------|--|
| SUB                           | IECT: Frazier Lto  | d.<br>f Florida Limited Partners                                      | hip or Limited Liab.                    | ility Lim          | sited Partnership  |
| Limit                         | ed Partnership o   | cate of Conversion and or Limited Liability Liberdance with s. 620.21 | imited Partnersh                        |                    |  |
| Pleas                         | e return all corre   | espondence concernin  | g this matter to:                       |                    |  |
| Morga                         | an A. Schweighoef  | er, Esq.  |   | _                  |  |
|                               |  | Contact Person  |   |                    |  |
| Cavito                        | ch, Familo & Durk  | in Co., L.P.A.  |   |                    |  |
|                               |  | Firm/Company  |   | <del></del>        |  |
| 1300 [                        | E. 9th Street, 20th  | Floor   |   |                    |  |
|                               | <del></del> -  | Address   | -                                       | _                  |  |
| Cleve                         | land, Ohio 44114   |   |   |                    |  |
|                               | Ci   | ty, State and Zip Code  |   | <del></del>        |  |
| mschy                         | weighoefer@cavite  | h.com   |   |                    |  |
| <u>I</u>                      | i-mail address: (to  | be used for future annual i   | report notification)                    | -                  |  |
| For fu                        | urther informati   | on concerning this ma   | atter, please call:                     |                    |  |
| Morgan A. Schweighoefer, Esq. |  | at (  | _) <u></u>                              | 860                |  |
|                               | Name of Contain  | et Person   | Area Code                               | and Day            | rtime Telephone Number   |
| Enclo                         | osed is a check f  | or the following amou   | unt:                                    |                    |  |
| □ <b>\$</b> 5                 | 2.50 Filing Fee  | ■ \$61.25 Filing Fee<br>and Certificate of<br>Status                  | S105.00 Filin<br>and Certified Co       | _                  | \$113.75 Filing Fee,<br>Certified Copy, and<br>Certificate of Status |
| Regis<br>Divis<br>P.O.        | ing Address:<br>stration Section<br>ion of Corporat<br>Box 6327<br>hassee, FL 3231 |   | Registr<br>Division<br>The Co<br>2415 N | entre of<br>V. Mon |  |

#### **Certificate of Conversion**

For

# Florida Limited Partnership or Limited Liability Limited Partnership Into

## "Other Organization"

This Certificate of Conversion is submitted to convert the following Florida Limited Partnership or Limited Liability Limited Partnership into an "Other Organization" in accordance with s. 620.2104, Florida Statutes.

| The name of the Florida Limited Partnership or Limited Liability Limited Partnership onverting into the "Other Organization" is: |
|--|
| razier Ltd.  |
| Enter Name of Florida Limited Partnership/Limited Liability Limited Partnership  |
| The name of the "Other Organization" is:   |
| razier Utd.  |
| Enter Name of "Other Organization"   |
| The "Other Organization" is a limited liability company  |
| (Enter entity type. Example: corporation, limited liability company, general partnership, common law or business trust, etc.)    |
| ganized, formed or incorporated under the laws of Ohio   |
| (Enter state, or if a non-U.S. entity, the name of the country)  |

- 4. The above referenced Florida Limited Partnership or Limited Liability Limited Partnership has converted into an "Other Organization" in compliance with Chapter 620, F.S., and the conversion complies with the applicable laws governing the "Other Organization."
- 5. The plan of conversion was approved by the converting Florida Limited Partnership or Limited Liability Limited Partnership as required by Chapter 620, F.S., and the governing law of the converted "Other Organization."

| 6. Thi           | s conversion v                                 | was effective            | under the laws gove  | rning th <b>c</b> "Oth | cr Organization | 1                       |             |   |
|------------------|--|--------------------------|--|------------------------|-----------------|-------------------------|-------------|---|
| on:              | Sept   | ember a                  | 30, 2021 <u> </u>  |                        | <del></del>     | <del></del> :           |             |   |
| busine<br>addres | ss in Florida, i                               | the "Other O             | s an out-of-state organization" lists the<br>Department of State n | following stre         | et and mailing  | act                     |             |   |
| Street Address:  | CFD Servic                                     | e Company, Inc., Attn: N | 1AS  |                        |                 |                         |             |   |
|                  | 1300 E. 9th                                    | Street, 20th Floor       |  |                        |                 |                         |             |   |
| Mailin           | g Address:                                     | Cleveland,               | Ohio 44114   |                        | -               |                         |             |   |
| νιαιτιι          | ig Address.                                    |                          |  |                        |                 |                         |             |   |
|                  |  |                          |  |                        |                 |                         |             |   |
| Signed           | I this $10^{\tau''}$                           | day of                   | UNE  |                        | 20 <u>Z/</u>    |                         |             |   |
| Aggre<br>K ce    | essive Investm                                 | nent and Prop            | er listed in Certificate  perty Management, Ir                     |                        | urtnership:     |                         |             |   |
| by Ka            | thleen Frazier.                                | the Sole Sh              | areholder  |                        |                 |                         |             |   |
|                  |  |                          |  |                        |                 | SEURETARY<br>TALLAHASSE | 2021 OCT 12 |   |
| Fees:            | Filing Fee:<br>Certified Cop<br>Certificate of |                          | \$52.50<br>\$52.50 (Optional<br>\$8.75 (Optional                   |                        |                 | OF STATE<br>E, FLORIDA  | PM 6: 27    | 1 |

Page 2 of 2