1 1900041296

(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:				

Office Use Only

G. MCLEOD

APR 2 9 2009

EXAMINER



600152330046

04/27/09--01068--008 **150.00

09 APR 27 AMII: 3

COVER LETTER

TO: Registra Division	n of Corporations			
SUBJECT:	SEAGATE (Name of Result	CAPITAL I	PARTNERS, LLC	
convert an "Oth	dertificate of Conversion, ner Business Entity" into h s. 608.439, F.S.		tion, and fees are submitted to iability Company" in	
Please return al	l correspondence concer	ning this matter to:		
Laur	Contact Person)	4N 0		
	(Contact Person)			
	(Firm/Company)			
117	2 Milano Di	rive		
	2 Milano Di (Address)			
NJAV	OLES EL 34	1/03		
	OLES FL 39 (City, State and Zip Cod	le)		
	rmation concerning this	=		
Lauren	& J PACANO	at (239)	293-1427 and Daytime Telephone Number)	
(Name of	Contact Person)	(Area Code a	nd Daytime Telephone Number)	
Enclosed is a ch	neck for the following an	nount:		
\$150.00 Filing (\$25 for Conversion & \$125 for Article of Organization)			_	
STREET ADD	DRESS:	MAILI	NG ADDRESS:	
Registration Se	ction		Registration Section	
Division of Corporations			Division of Corporations	
Clifton Building			P. O. Box 6327	
2661 Executive Center Circle		Tallahas	Tallahassee, FL 32314	

Tallahassee, FL 32301

SECRITION OF THE PROPERTY OF T

Certificate of Conversion For

"Other Business Entity"

Into

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability

Company in accordance with s.608.439, Florida Statutes.

Florida Limited Liability Company

ion 09 APR 27 AM II: 35

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: (Enter Name of Other Business Entity) 2. The "Other Business Entity" is a Limited Partnership.

(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.) first organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country) on 5-16-01 (Enter date "Other Business Entity" was first organized, formed or incorporated) 3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated: 4. The name of the Florida Limited Liability Company as set forth in the attached **Articles of Organization:** SEAGATE CAPITAL PARTNERS LLC
(Enter Name of Florida Limited Liability Company) 5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

Signed this 23 day of April	20 <u>_09</u>
Signature of Member or Authorized Representa	_
Signature of Member or Authorized Representative Printed Name: Authorized To Agravo For	e: downed - Payer for Seaple Capital
SEAGNIE CAPITUL PARTMENS LLC Signature(s) on behalf of Other Business Entity:	[See below for required signature(s).]
	Parthacher Sousake Capital Parthers, Title: General farther
rul kirtner for Seng ATE Copy tal factore	AS, LTD
Signature:Printed Name:	
Printed Name:	Title:
Signature:	
Signature: Printed Name:	Title:
Signature	
Signature:	Title:
Signature:Printed Name:	Title
Timed Name.	1100.
Signature:Printed Name:	
Printed Name:	Title:
If Florida Corporation:	
Signature of Chairman, Vice Chairman, Director, or	
If Directors or Officers have not been selected, an In	corporator must sign.
If Florida General Partnership or Limited Liabili	ty Partnership:
Signature of one General Partner.	
If Florida Limited Partnership or Limited Liabili	ty I imited Partnership
	ty Endited 1 at theistip.
Signatures of ALL General Partners.	
All others:	
All others: Signature of an authorized person.	
All others: Signature of an authorized person. Fees:	
All others: Signature of an authorized person. Fees: Certificate of Conversion:	\$25.00 \$135.00
Signatures of ALL General Partners. All others: Signature of an authorized person. Fees: Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy:	\$25.00 \$125.00 \$30.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

(Must end with the words "Limited Liability Comp "LLC.")	any," the abbreviation "L.L.C.," or the designation
ARTICLE II - Address:	
The mailing address and street address	of the principal office of the Limited
Liability Company is:	
Principal Office Address:	Mailing Address:
1172 milano Dave	1172 milano)
1172 Milano Drive Naples, FL 34603	1172 milano D Noplas FL 34
ARTICLE III - Registered Agent, R	egistered Office, & Registered Ager
Signature:	
Signature: (The Limited Liability Company cannot serve as its	s own Registered Agent. You must designate an
Signature: (The Limited Liability Company cannot serve as its individual or another business entity with an active Florida registration.	s own Registered Agent. You must designate an
Signature: (The Limited Liability Company cannot serve as its individual or another business entity with an active Florida registration. The name and the Florida street address	s own Registered Agent. You must designate an) ss of the registered agent are:
Signature: (The Limited Liability Company cannot serve as its individual or another business entity with an active Florida registration. The name and the Florida street address	s own Registered Agent. You must designate an) ss of the registered agent are:
Signature: (The Limited Liability Company cannot serve as its individual or another business entity with an active Florida registration. The name and the Florida street address	s own Registered Agent. You must designate an) ss of the registered agent are:
Signature: (The Limited Liability Company cannot serve as its individual or another business entity with an active Florida registration. The name and the Florida street addres Laurer 1172 7	sown Registered Agent. You must designate an ss of the registered agent are: nce J. Pag ano Name Name Nilano Drije
Signature: (The Limited Liability Company cannot serve as its individual or another business entity with an active Florida registration. The name and the Florida street address Laurer Florida street address	s own Registered Agent. You must designate an ses of the registered agent are: CC J Proprior
Signature: (The Limited Liability Company cannot serve as its individual or another business entity with an active Florida registration. The name and the Florida street address Laurer Florida street address	sown Registered Agent. You must designate an ss of the registered agent are: nce J. Pag Awo Name Name Nilano Drije

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	SEAGATE CAPITULE INC. 1172 MILLAND DIVE NAPLES, FL 34103
	(Use attachment if necessary)
RTICLE V: Effective date, if other than	the date of filing: (OPTIONAL)
ocument is filed by the Florida Depart	to nor more than 90 days after the date this tment of State; <u>AND</u> 2) must be the same as d Certificate of Conversion, if an effective
REQUIRED SIGNATURE:	

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Laurence J. Pagaro Acsident for SEAGATE Capital Inc.
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Page 2 of 2