L24000023457

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





800420159278

12/11/23--01007--005 **150.60







Helen Brock Ford Senior Paralegal 1: 407.669.4322 F 407.425.8377 helen.ford@nelsonmullins.com NELSON MULLINS RILEY & SCARBOROUGH LLP ATTORNEYS AND COUNSELORS AT LAW

390 North Orange Avenue, Suite 1400 Orlando, FL 32801 T 407 669 4200 F: 407 425 8377 nelsonmullins.com

November 27, 2023

New Filing Section Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

RE: MPL Investment Partnership (GP2300000674)

Dear Sir/Madam:

Enclosed for filing with your office please find the Certificate of Conversion for Florida Partnership into "Other Organization" for MPL Investment Partnership, a General Partnership into Florida Limited Liability Company, MPL Investment Holdings, LLC. Our firm's check for \$150.00 accompanies this filing.

Please return filing confirmation for the above-referenced entity to the undersigned at your earliest convenience. Thank you.

Sincerely,

NELSON MULLINS

Helen Brock Ford, FRP

Senior Paralegal

hf Enclosures

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles 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 \$\tilde{\pi}\$ 605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: MPL INVESTMENT PARTNERSHIP
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a General Partnership (Enter entity type. Example: corporation, limited partnership, general partnership, common la + or business trust, etc.)
First organized, formed or incorporated under the laws of
11/19/2023 On
on 11/19/2023 (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
MPL INVESTMENT HOLDINGS, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 cylendar days after the date this document is filed by the Florida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wir! not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal—ghts the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.———————————————————————————————————



Signed this 27th day of November	20
Signature of Authorized Representative of Limit	ed Liability Company:
Signature of Authorized Representative	Title: Manager
Signature(s) on behalf of Other Business Entity: [See below for required signature(s)] $ _{\Gamma}$
Signature: YV veloco Lombardi Printed Name: Michael P. Lombardi	Title: General Partner
Signature:Printed Name:	Title:
Signature:Printed Name:	Title:
Signature:Printed Name:	
Signature:Printed Name:	Title:
Signature:Printed Name:	_Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc.	Officer. corporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	v Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MPL INVE	ESTMENT HOLDINGS, LI	LC	
(Must cor	ntein the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addre	ss: d street address of the	e principal office of the Limite	d Liab lity Company is:
Principal Office Addi	ess:	Mailing Address:	
2346 Wakefield Way		2346 Wakefield Way	
Mount Dora, Florida 3275	7	Mount Dora, Florida 327	57
The Limited Liability Compa business entity with an active	ny cannot serve as its own R : Florida registration.)	ered Office, & Registered Age Registered Agent. You must designate an the registered agent &re:	individue: or another Y'
	MICHAEL P. LOME		
		lame	
	2346 Wakefield Way		
- F		P.O. Box NOT acceptable)	
ı	Mount Dora	32757	
	Cim	FL Zip	
	City	2.10	
liability company registered agent and statutes relating to	at the place designate agree to act in this cathe proper and completions of my position a	nd to accept service of process fed in this certificate, I hereby ac apacity. I further agree to complete performance of my duties, a s registered agent as provided for the complete performance of the confidence of the confidenc	ecept the appointment as dy with the provisions of all and I am familiar with and for in Chapter 605, F.S.
· -	Registered Agent's	Signature (REQUIRED)	
	(CON	TINUED)	Marc / ED

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager MGR	Michael P. Lombardi	••
MGR		
	2346 Wakefield Way Mount Dora, Florida 32757	
	Mount Dota, Florida 32731	
		
		
		
		•
(Use attachment if necessary)		
(Use attachment it necessary)		
CLE V: Other provisions, if any.		
CLE V: Other provisions, if any,		
CLE V: Other provisions, if any. REQUIRED SIGNATURE:		
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	ball tombusto	
CLE V: Other provisions, if any. REQUIRED SIGNATURE:	half Lombards _	
ELE V: Other provisions, if any. REQUIRED SIGNATURE:		abër
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a men	ar award
Signature of a member or This document is executed in accordance any false information submitted in a document of the submitted of the submitted in a document of the submitted in a docum		ar aware
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a men with section 605.0203 (1) (b), Florida Statutes. I ment to the Department of State constitutes a thir	ar aware

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Regis ered Agent
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-