

P17000025059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

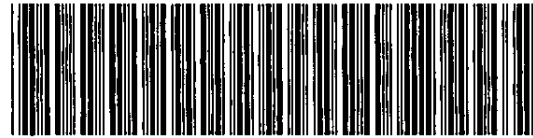
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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02/06/17--01017--006 \*\*105.00

FILED

17 MAR 16 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W17-10834

2 03/20/17



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 7, 2017

DANIEL PARTRIDGE  
P.O. BOX 542  
NICEVILLE, FL 32588

SUBJECT: PARTRIDGE DESIGN CO.  
Ref. Number: W17000010834

We have received your document for PARTRIDGE DESIGN CO. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

The document must be signed by a chairman, vice chairman, director, officer, or an incorporator, if directors or officers have not been selected.

Please return the corrected original and one copy of 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) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 717A00002395

CEL

17 3 16 AM 10:29

OFFICE OF  
CORPORATIONS  
ATTENTION

**Partridge Design, LLC  
424 Robert Avenue  
Niceville, FL 32578  
(850)830-9513**

March 13, 2017

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Subject: Partridge Design Co.  
Ref. Number: W17000010834

I have received your letter (number 717A00002395) directing me to make corrections to my document regarding the conversion of Partridge Design, LLC to an S-corporation. My corrective actions are as follows:

- On March 13, 2017, I filed the annual reports for Partridge Design, LLC on-line.
- I have signed the original document as directed.
- I am enclosing the original document signed appropriately and a copy of it, as requested. I am also enclosing a copy of the original letter I received from you.

Please let me know if there is anything else I need to do.

A handwritten signature in black ink, appearing to read "Daniel A. Partridge, Jr.", with a stylized flourish at the end.

Daniel A. Partridge, Jr.

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** PARTRIDGE DESIGN CO.

\_\_\_\_\_  
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

DANIEL A. PARTRIDGE

\_\_\_\_\_  
Contact Person

PARTRIDGE DESIGN CO.

\_\_\_\_\_  
Firm/Company

P. O. BOX 542

\_\_\_\_\_  
Address

NICEVILLE, FL 32588

\_\_\_\_\_  
City, State and Zip Code

danielpartridge@outlook.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIMOTHY W. CRAFT

at ( 850 ) 582-8835

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees    ☐ \$113.75 Filing Fees    ☐ \$113.75 Filing Fees    ☐ \$122.50 Filing Fees,  
and Certificate of Status    and Certified Copy    Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

New Filings Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filings Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

RECEIVED LB NC 41  
JAN 31 2017  
IRS AUSTIN, TX

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Profit Corporation**

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

PARTRIDGE DESIGN LLC

(L14-037940)✓

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY  
(Enter entity type. Example: limited liability company, limited partnership,  
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 MARCH 6, 2014 ✓

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 Profit Corporation as set forth in the **attached Articles of Incorporation**:

PARTRIDGE DESIGN CO.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: JANUARY 1, 2017

(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 Incorporation, if an effective date is listed therein.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signed this 23rd day of JANUARY, 2017.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an

Incorporator: Daniel A. Partridge

Printed Name: DANIEL A. PARTRIDGE Title: PRESIDENT

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: Daniel A. Partridge

Printed Name: DANIEL A. PARTRIDGE Title: MANAGING MEMBER

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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17 MAR 16 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED  
17 MAR 16 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: PARTRIDGE DESIGN CO.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

Principal street address

424 ROBERT AVENUE

NICEVILLE, FL 32578

Mailing address, if different

P. O. BOX 542

NICEVILLE, FL 32588

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PROFESSIONAL CORPORATION

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: DANIEL A. PARTRIDGE, PRESIDENT

Address: 424 ROBERT AVENUE

NICEVILLE, FL 32578

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: TIMOTHY W. CRAFT  
Address: 424 CANTERBURY CT. NW  
FT. WALTON BEACH, FL 32548

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DANIEL A. PARTRIDGE  
Address: 424 ROBERT AVENUE  
NICEVILLE, FL 32578

\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

1-23-17  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Required Signature/Incorporator

1.23.17  
Date

FILED  
17 MAR 16 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA