



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached is a form to convert an "Other Organization" into a "Florida Partnership" pursuant to section 620.8914, Florida Statutes. This form is basic and may not meet all conversion needs. The advice of an attorney is recommended.

Filing Fees:	\$75.00 (\$25 for Certificate of Conversion and \$50 for Florida Partnership Registration Statement)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

Send one check in the total amount payable to the Florida Department of State.

Please include a cover letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing Address

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

Street Address

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

For further information, you may contact the Registration Section at (850) 245-6051.

CR2E117 (9/15)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____
Name of Resulting Florida Partnership

The enclosed Certificate of Conversion, Partnership Registration Statement and fee(s) are submitted to convert an "Other Organization" into a Florida Partnership in accordance with s. 620.8914, F.S.

Please return all correspondence concerning this matter to:

Contact Person

Firm/Company

Address

City, State and Zip Code

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$75.00 Filing Fees
(\$25.00 for Conversion
& \$50.00 for Partnership) | <input type="checkbox"/> \$83.75 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$127.50 Filing Fees
and Certified Copy | <input type="checkbox"/> \$136.25 Filing Fees,
Certified Copy, and
Certificate of Status |
|---|--|---|--|

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion

For

“Other Organization”

Into

Florida Partnership

This Certificate of Conversion **and attached Partnership Registration Statement** are submitted to convert the following **“Other Organization” into a Florida Partnership** in accordance with s.620.8914, Florida Statutes.

1. The name of the “Other Organization” immediately prior to the filing of this Certificate of Conversion is:

Enter Name of Other Organization

2. The “Other Organization” is a _____
(Enter entity type. Example: corporation, limited liability company,
limited 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 _____
(Enter date “Other Organization” was first organized, formed or incorporated)

3. The name of the Florida Partnership as set forth in the **attached Partnership Registration Statement:**

Enter Name of Florida Partnership

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.

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

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 _____ day of _____, 20_____

Signature of a General Partner or Authorized Person for General Partnership:

Signature: _____

Printed Name: _____ Title: _____

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

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

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 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:

Partnership Registration Statement:	\$50.00
Certificate of Conversion:	\$25.00
Certified Copy:	\$52.50 (Optional)
Certificate of Status:	\$8.75 (Optional)

PARTNERSHIP REGISTRATION STATEMENT

1. _____
(Name of Partnership)

2. _____ 3. _____
(State/County of Formation) (FEI Number)

4. _____
(Street Address of Chief Executive Office)

5. _____

(Street Address of Principal Office in Florida, if applicable)

6. In accordance with s. 620.8105(1)(c)(1 & 2), Florida Statutes, required partner information is provided in one of the following options:

Attached is a list of the names and mailing addresses of ALL partners and Florida Registration Numbers, if other than individuals, **or:**

The name and street address of the agent in Florida who shall maintain a list of the names and addresses of all partners:

INDIVIDUAL NAME & FLORIDA STREET ADDRESS OF FLORIDA AGENT

IF OTHER THAN FLORIDA REGISTRATION NUMBER

If any of the partners are other than individuals, its entity name and Florida Registration Number must be listed below:

Partner Entity Name

Florida Document Number

7. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to the date of filing nor more than 90 days after the date of filing)

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.

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this _____ day of _____, _____

Signatures of TWO Partners: _____

Typed or printed names of partners signing above: _____

Filing Fee:	\$50.00
Certified copy:	\$52.50 (optional)
Certificate of Status:	\$ 8.75 (optional)