



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:

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

Street Address:

Reinstatement Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

CR2E117 (7/17)

COVER LETTER

TO: Reinstatement 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:

- \$75.00 Filing Fees \$83.75 Filing Fees \$127.50 Filing Fees \$136.25 Filing Fees,
- ((\$25.00 for Conversion and Certificate of and Certified Copy Certified Copy, and
- & \$50.00 for Partnership) Status Certificate of Status

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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.

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: _____

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. _____ (State/County of Formation) 3. _____ (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

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)

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