

**A000000000153**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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H120002442043ABCT

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA0000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 OCT -8 AM 8:27

FILED

**MERGER OR SHARE EXCHANGE  
1530 WASHINGTON AVENUE, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$105.00

RECEIVED

12 OCT -8 AM 8:00

OFFICE OF THE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

**SUBJECT:** 1530 Washington Avenue, Ltd.  
Name of Surviving Party

The enclosed Certificate of Merger and fee(s) are submitted for filing.

**Please return all correspondence concerning this matter to:**

**'Contact Person**

Firm/Company

**Address**

City, State and Zip Code

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

**For further information concerning this matter, please call:**

(Name of Contact Person)

at \_\_\_\_\_

(Area Code and Daytime Telephone Number)

☐ Certified copy (optional) \$52.50

**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

FILED

12 OCT -8 AM 8:27

Certificate of Merger  
For  
Florida Limited Partnership or Limited Liability Limited Partnership

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The following Certificate of Merger is submitted in accordance with s. 620.2108, Florida Statutes.

**FIRST:** The exact name, form/entity type, and jurisdiction for each merging party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
South Beach Courtyard Development, Ltd.	Florida	limited partnership
A02-335		

**SECOND:** The exact name, form/entity type, and jurisdiction of the surviving party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
1530 Washington Avenue, Ltd.	Florida	limited partnership
A-153		

**THIRD:** The date the merger is effective under the governing laws of the surviving party is: date of filing of this document.

**(NOTE:** If survivor is a Florida limited partnership or limited liability limited partnership, effective date cannot be prior to not more than 90 days after the date this document is filed by the Florida Department of State. If survivor is not a Florida limited partnership or limited liability limited partnership, effective date shall be as provided in survivor's governing statute.)

**FOURTH:** The merger was approved by each party as required by its governing law.

**FIFTH:** If the surviving party is a foreign organization not qualified to transact business in this state, the street address and mailing address of an office which the Florida Department of State may use for the purposes of s. 620.2109(2), F.S., are as follows:

Street address:

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Mailing address:

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**SIXTH:** Other provisions, if any, relating to the merger:

**SEVENTH: Signature(s) for Each Party:**

(Merger must be signed by all general partners of Florida limited partnerships or limited liability limited partnerships and by the authorized representative of each other party.)

Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:
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\*please see signature blocks below

1530 WASHINGTON, LTD., a Florida limited partnership

By: FINEBUILT IV, LLC, a Florida limited liability company, its general partner

By:   
Richard Finvarb, its sole member

SOUTH BEACH COURTYARD DEVELOPMENT, LTD.,  
a Florida limited partnership

By: FINEBUILT IV, LLC, a Florida limited liability company, its general partner

By:   
Richard Finvarb, its sole member

**Fees:** Filing Fees: \$52.50 Per Party  
Certified Copy: \$52.50 (Optional)  
Certificate of Status: \$8.75 (Optional)

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12 OCT -8 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA