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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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07 DEC 28 PM 12: 23

G. MCLEOD
JAN 09 2008
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BROAD-BUSSEL FAMILY LIMITED PARTNERSHIP
(Name of Surviving Party)

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

Please return all correspondence concerning this matter to:

JOHN C. ADAMS
(Contact Person)

ADAMS & ADAMS, P.A.
(Firm/Company)

540 BILTMORE WAY
(Address)

CORAL GABLES, FL 33134
(City, State and Zip Code)

For further information concerning this matter, please call:

JOHN M. BUSSEL at (305) 358-5941
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Certified copy (optional) \$52.50

\$52.50
x 2 { Per party

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 Merger
For
Florida Limited Partnership or Limited Liability Limited Partnership**

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>
BROAD-BUSSEL FAMILY LIMITED PARTNERSHIP	NORTH CAROLINA	LIMITED PARTNERSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

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>
BROAD-BUSSEL FAMILY LIMITED PARTNERSHIP	FLORIDA	LIMITED PARTNERSHIP

THIRD: The date the merger is effective under the governing laws of the surviving party is: Date merger document filed.

(NOTE: If survivor is a Florida limited partnership or limited liability limited partnership, effective date cannot be prior to nor 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.

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 SECRETARY OF STATE
 DIVISION

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: N/A

Mailing address: _____

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

All interest of Limited Partners and General Partner in surviving entity to be equivalent to the interest in merging entity. All rights and obligations in the surviving entity shall be in accordance with the merging entity.

