

# A11000000617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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(Business Entity Name)

(Document Number)

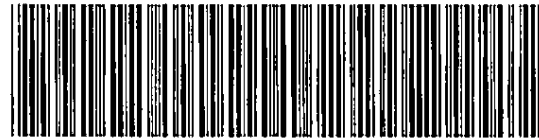
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Jennifer Okentax gave  
authorization to change  
effective date to "Upon  
filing with the state"  
3/25  
dec

effective date

Office Use Only



100324056711

03/28/19--01018--008 \*\*52.50

03/01/19--01021--002 \*\*105.00

*Morgan*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 MAR 25 PM 3: 37

MAR 25 2019

D CUSHING

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: SF 333 Limited Partnership, LLLP  
Name of Surviving Party

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

Please return all correspondence concerning this matter to:

Jennifer E. Okcular  
Contact Person

Nelson & Nelson, P.A.  
Firm/Company

2775 Sunny Isles Blvd., Suite 118  
Address

North Miami Beach, FL 33160  
City, State and Zip Code

Jennifer@estatetaxlawyers.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Okcular at (305) 932-2000  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Certified copy (optional) \$52.50

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

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 MAR 25 PM 3:37



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 8, 2019

JENNIFER E OKULAR  
NELSON & NELSON, P.A.  
2775 SUNNY ISLES BLVD., SUITE 118  
NORTH MIAMI BEACH, FL 33160

SUBJECT: SF 333 LIMITED PARTNERSHIP, LLLP  
Ref. Number: A11000000617

We have received your document for SF 333 LIMITED PARTNERSHIP, LLLP and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The total filing fee for this merger along with the certified copy you have requested will be \$157.50. We will need an additional \$52.50. If the 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.

Please return 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) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 119A00004736

RECEIVED

2019 MAR 21 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FL

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAR 25 PM 3:37

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>
SF 800 Pointe Limited Partnership, LLLP	Florida	Limited Liability Limited Partnership
		A13 - 295

**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>
SF 333 Limited Partnership, LLLP	Florida	Limited Liability Limited Partnership

**THIRD:** The date the merger is effective under the governing laws of the surviving party is: Upon Filing with the Secretary of State.

**(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.

**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:
SF 333 Limited Partnership, LLLP		Forrest McSurdy
SF 800 Pointe Limited Partnership, LLLP		Forrest McSurdy

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