A11000000617

(F	Requestor's Name)
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PICK-UP	WAIT MAIL
3)	Business Entity Name)
(1)	Document Number)
Certified Copies	Certificates of Status
Special Instructions to	to Filing Officer: Okcular gane sation to change

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03/25/19--01018--008 **52.50

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TO MAR 25 PH 3: 37

MAR 2 5 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 (Name of Contact Person) (Area Code and Daytime Telephone Number)

STREET ADDRESS:

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

✓ Certified copy (optional) \$52.50

MAILING ADDRESS:

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



March 8, 2019

JENNIFER E OKCULAR 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 HAR 21 PH 12: 23
SECRETAIN CONTRACT

DO DOW SOOT MULE DISTRICT

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.

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

<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
SF 800 Pointe Limited Partnership, LLLP	Florida	Limited Liability Limited Partnership
	- -	H13 - 295
SECOND: The exact name, form/entity as follows:	type, and jurisdiction	n of the <u>surviving</u> party are
<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
SF 333 Limited Partnership, LLLP	Florida	Limited Liability Limited Partnership
THIRD: The date the merger is effective	• •	g laws of the
surviving party is: Upon Filing with the S	ecretary of State	
(NOTE: If survivor is a Florida limited		Highility limited

(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.

in this state, the stre	iving party is a foreign organization not qualified to transact business et address and mailing address of an office which the Florida may use for the purposes of s. 620.2109(2), F.S., are as follows:
Street address:	
	·
Mailing address:	

<u>SIXTH:</u> 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):	Name of Individual:
SF 333 Limited Partnership, LLLP	Frest h. M. Curdy	Forrest McSurdy
SF 800 Pointe Limited Partnership, LLLP	Jonest b. M. Gurdy	Forrest McSurdy
	8	
	-	
-	-	_
		-

Fees: Filing Fees:

\$52.50 Per Party

Certified Copy:

\$52.50 (Optional)

Certificate of Status: \$8.75 (Optional)