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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
ANALYSEF FLORIDA

D. BRUCE

MAY 17 2010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ		MACHLIN, M.D., L.L.C.
	Name of Sur	viving Party
The en	nclosed Certificate of Merger and fee(s)	are submitted for filing.
Please	e return all correspondence concerning t	his matter to:
	STEVEN MACHLIN	
	Contact Person	
	STEVEN MACHLIN, M.D., L.L	.C.
	Firm/Company	
	6820 PORTO FINO CIRCLE, SU	ITE 1
	Address	
	FORT MYERS, FLORIDA 339	12
	City, State and Zip Code	
	rosiesausage1@comcasi E-mail address: (to be used for future annual re	t.net
	E-mail address. (to be used for future annual re	port notification)
For fiv	rther information concerning this matte	r please call:
10114	ittle mornation concerning in smatte	ma a Su
		at (
	Name of Contact Person	Area Code and Daytime Telephone Number
	Certified copy (optional) \$30.00	A 7
STRE	CET ADDRESS:	MAILING ADDRESS:
_	tration Section	Registration Section
	on of Corporations	Division of Corporations
	n Building	P. O. Box 6327
	Executive Center Circle hassee, FL 32301	Tallahassee, FL 32314

Certificate of Merger For Florida Limited Liability Company

The following Certificate of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 608.4382, 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>	Forn	<u>1/Entity Typ</u>	<u>e</u>	
S AND L, L.L.C.	FLORIDA	LLC	L03-	385	93
STEVEN MACHLIN, M.D., L.L.C	FLORIDA	LLC	<u> L03 -</u>	<u>385</u> ,	85
SECOND: The exact name, form/er as follows:	ntity type, and jurisdiction	of the <u>su</u>	rviving part	y are	
<u>Name</u>	Jurisdiction	Form	/Entity Pyp	e H	Same
STEVEN MACHLIN, M.D., L.L.C.	FLORIDA	LLC	SEE.FLORI	- PK 19: 4	
			Drii.		

THIRD: The attached plan of merger was approved by each domestic corporation, limited liability company, partnership and/or limited partnership that is a party to the merger in accordance with the applicable provisions of Chapters 607, 608, 617, and/or 620, Florida Statutes.

FOURTH: The attached plan of merger was approved by each other business entity that is a party to the merger in accordance with the applicable laws of the state, country or jurisdiction under which such other business entity is formed, organized or incorporated.
FIFTH: If other than the date of filing, the effective date of the merger, which cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State:
JUNE 1, 2010
<u>SIXTH:</u> If the surviving party is not formed, organized or incorporated under the laws of Florida, the survivor's principal office address in its home state, country or jurisdiction is as follows:
N/A
SEVENTH: If the survivor is not formed, organized or incorporated under the laws of Florida, the survivor agrees to pay to any members with appraisal rights the amount, to which such members are entitles under ss.608.4351-608.43595, F.S.
EIGHTH: If the surviving party is an out-of-state entity not qualified to transact business in this state, the surviving entity:
a.) Lists the following street and mailing address of an office, which the Florida Department of State may use for the purposes of s. 48.181, F.S., are as follows:
Street address: 6820 PORTO FINO CIRCLE,
SUITE #1
FORT MYERS, FL 33912
Mailing address: SAME

b.) Appoints the Florida Secretary of State as its agent for service of process in a proceeding to enforce obligations of each limited liability company that merged into such entity, including any appraisal rights of its members under ss.608.4351-608.43595, Florida Statutes.

NINTH: Signature(s) for Each Party:

Name of Entity/Organization:

Signature(s): Name of Individual:

STEVEN MACHLIN

STEVEN MACHLIN

STEVEN MACHLIN

Corporations: Chairman, Vice Chairman, President or Officer

(If no directors selected, signature of incorporator.)

General partnerships: Signatur

Signature of a general partner or authorized person

Florida Limited Partnerships: Non-Florida Limited Partnerships: Signatures of all general partners Signature of a general partner

Limited Liability Companies:

Signature of a member or authorized representative

Fees:	For each Limited Liability Company:	\$25.00	
	For each Corporation:	\$35.00	FØ 6
	For each Limited Partnership:	\$52.50	
	For each General Partnership:	\$25.00	ASS AND
	For each Other Business Entity:	\$25.00	SET F
			"皇王 III"
Certif	ied Copy (optional):	\$30.00	

PLAN OF MERGER

FIRST: The exact name, form/entity follows:	y type, and jurisdiction for ea	ach merging party are as
Name	<u>Jurisdiction</u>	Form/Entity Type
S AND L, L.L.C.	FLORIDA	LLC
STEVEN MACHLIN, M.D. L.L.C	FLORIDA	LLC
SECOND: The exact name, form/er as follows:		
Name	<u>Jurisdiction</u>	Form/Entity Type
STEVEN MACHLIN, M.D. L.L.C.	FLORIDA	LLC
THIRD: The terms and conditions of	of the merger are as follows:	
S AND L, L.L.C., SHALL MERGE	INTO AND BECOME PA	RT OF STEVEN
MACHLIN, M.D., L.L.C., AS THE	SURVIVING ENTITY. TH	E SINGLE MEMBER/
SOLE OWNER OF STEVEN MA	CHLIN, M.D., L.L.C., SHA	LL REMAIN TO BE
STEVEN MACHLIN, M.D., OF FO	ORT MYERS, FLORIDA.	
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		Y OF PR
(Attach ad	ditional sheet if necessary)	E 47

FOURTH:

A. The manner and basis of converting the interests, shares, obligations or other securities of each merged party into the interests, shares, obligations or others securities of the survivor, in whole or in part, into cash or other property is as follows:	
STEVEN MACHLIN, M.D., AS SOLE MEMBER	
(Attach additional sheet if necessary)	
B. The manner and basis of converting <u>rights to acquire</u> the interests, shares, obligations or other securities of each merged party into <u>rights to acquire</u> the interests, shares, obligations or others securities of the survivor, in whole or in part, into cash or other property is as follows:	
STEVEN MACHLIN, M.D., AS SOLE OWNER OF EACH ENTITY (STEVEN	
MACHLIN, M.D., L.L.C., AND S AND L, L.L.C.), WILL REMAIN THE THE	
SOLE OWNER AND SINGLE MEMBER OF STEVEN MACHLIN, M.D., L.L.C.	
	Etra-
AND THE STATE OF T	-
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(Attach additional sheet if necessary)

<u>FIFTH:</u> Any statements that are required by the laws under which each of entity is formed, organized, or incorporated are as follows:	her busi	ness	
NONE			
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			_
(Attach additional sheet if necessary)			_
SIXTH: Other provisions, if any, relating to the merger are as follows:			
NONE			
NONE			-
			-
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(Attach additional sheet if necessary)