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JUN 2 0 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: J. C. FORKUTETS REPAIR, LLC Name of Surviving Party
The enclosed Certificate of Merger and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
JOSE BERTOLINO Contact Person J. C. FOR KLIFTS REPAIR, LLC Firm/Company
4270 WHISPERING PINE Rd. Address
West Falm Beach, FL 33406 City, State and Zip Code
E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Tose Pretoution at (561) (687-6761
Name of Contact Person at (501) 687-6761 57 Area Code and Daytime Telephone Number
Certified copy (optional) \$30.00
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 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>	1/1-1/649	Jurisdiction	!	Form/Entity Type		
J.C.	ForKlifts Repair	ue Flor	ACT	LLC	····	
Jose Be	rtolino Forklift R	epairTue FLI	PIDA	INC.		
	207-78427					
			· · · · · · · · · · · · · · · · · · ·			
SECON as follow	D: The exact name, formula:	n/entity type, an	d jurisdiction of	the <u>surviving</u> party as	re	
Name		Jurisdiction		Form/Entity Type	•	
<u>J. C.</u>	FORKUTETS REDKI	P.LLC F	LORIDA	LLC		
	•			Ξ_S	28	,
					2011 JUN 17	FMSS.
	The attached plan of mability company, partner				1 7	E The same of
merger ir	accordance with the aprida Statutes.				22	fT
520, 1101	ian omuws.			TATE ORID	0.0	E

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: SIXTH: 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: 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: Mailing address: Mailing address:	FOURTH: The attached plan of merger was appr is a party to the merger in accordance with the appurisdiction under which such other business entity	oplicable laws of the state, country or
Florida, the survivor's principal office address in its home state, country or jurisdiction is as follows: 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:	prior to nor more than 90 days after the date this do	
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:	Florida, the survivor's principal office address in its	
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:		
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:	Florida, the survivor agrees to pay to any members	with appraisal rights the amount, to
Department of State may use for the purposes of s. 48.181, F.S., are as follows: Street address: ARR OF TARRET OF		entity not qualified to transact
SCOPETARY OF SCHANASSEE, FI		
	Street address:	
		LARTAR SS
	Mailing address:	
		ÎLE O

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:

Typed or Printed

Name of Individual:

Tose Bertolino Forklift Repair, Inc.

Typed or Printed

Name of Individual:

Corporations:

Chairman, Vice Chairman, President or Officer

(If no directors selected, signature of incorporator.)

General partnerships:

Signature of a general partner or authorized person

Florida Limited Partnerships: Non-Florida Limited Partnerships: Signatures of all general partners

Limited Liebility Commencer

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
	For each Limited Partnership:	\$52.50
	For each General Partnership:	\$25.00
	For each Other Business Entity:	\$25.00

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Certified Copy (optional):

\$30.00

2011 JUN 17 AN DO OF SECRETARY OF STATE

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:	
All Assets from JOSE BERTOLINO FORKLIFT	
REPAIR, THE ARE TRANSFERED TO J. C.	
FORKLIFTS REPAIR, LLC. TUCLUDING BUT NOT	
LIMITED TO INVENTORY, AND CASH ASSETS,	
(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:	
All assets from Jose Bertolino Forklift Repair	_
Inc. will have the title changed to	
J.C. FORKUTFTS REPAIR, LLC.	
ASS.	***************************************
mo P	
ORIG ORIG	
(Attach additional sheet if necessary)	

FIFTH: Any statements that are required by the laws under w	hich each other business
entity is formed, organized, or incorporated are as follows:	
	
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•	
(Attach additional sheet if necessary)
,	
SIXTH: Other provisions, if any, relating to the merger are as	follows:
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•	
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	(A
	97 EE0
(Attach additional sheet if necessary)	OR S

PLAN OF MERGER

FIRST: The exact name, form/entity t follows:	ype, and jurisdiction for	or each merging party are as
Name	Jurisdiction	Form/Entity Type
J. C. Forklifts Rapair	LLC FLORI	DA LLC.
JOSE BERTOLINO FORKLI		
SECOND: The exact name, form/entire as follows: Name	ty type, and jurisdiction <u>Jurisdiction</u>	n of the <u>surviving</u> party are <u>Form/Entity Type</u>
J. C. FORKLEFTS REPAIR	LLC FLORI	DA LLC
THIRD: The terms and conditions of The attacked mare managing members president of the	_	_
(Attach addit	tional sheet if necessar	2011 JUN 17 AM OR O SECRETARY OF STATE TALLATIASSEE, FLORIE