

L11000082982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT

AUG 22 2011

EXAMINER

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08/17/11--01023--003 **157.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ROSEN ASSOCIATES

Sent via FedEx: 7950 8693 8301

August 16, 2011

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir/Madam:

Enclosed please find our check # 6791 in the amount of \$157.50 and a Certificate of Merger.

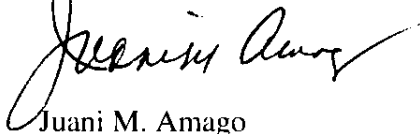
Once filing has been complete, please return the document to my attention at:

2665 So. Bayshore Drive
Suite 701
Miami, FL 33133

along with a Certified Copy.

If you have any questions or if we can be of assistance, please contact me at 305.537.4908.

Sincerely,



Juani M. Amago

Enclosure

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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>
DESTIN/SHARKTOOTH LIMITED PARTNERSHIP	Florida	LP A97-14

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>
SHARKTOOTH VENTURES, LLC	Florida	LLC L11-82982

THIRD: The date the merger is effective under the governing laws of the surviving party is: upon the filing of this Certificate of Merger.

(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: N/A

Mailing address: N/A

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

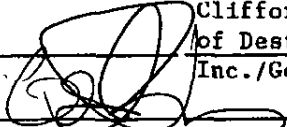
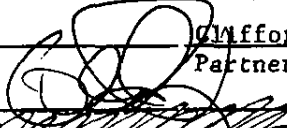
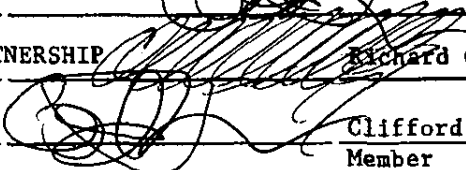
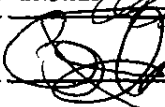
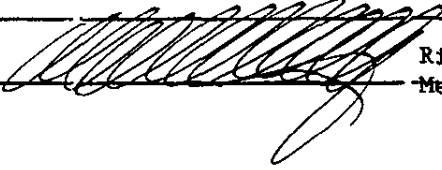
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SEVENTH: Signature(s) for Each Party:

(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:
<u>DESTIN/SHARKTOOTH LIMITED PARTNERSHIP</u>		Clifford D. Rosen, President of Destin/Sharktooth Ventures, Inc./General Partner
<u>DESTIN/SHARKTOOTH LIMITED PARTNERSHIP</u>		Clifford D. Rosen, Limited Partner
<u>DESTIN/SHARKTOOTH LIMITED PARTNERSHIP</u>		Richard Olson, Limited Partner
<u>SHARKTOOTH VENTURES, LLC</u>		Clifford D. Rosen, Manager & Member
<u>SHARKTOOTH VENTURES, LLC</u>		Richard Olson, Manager & Member

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

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TALLAHASSEE, FLORIDA

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