

L12000015052 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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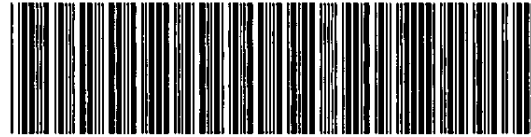
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

B. BOSTICK  
JUN 13 2012  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 109-111 Glover, 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:

Peter A Flanagan  
Contact Person

Simses & Associates PA  
Firm/Company

400 Royal Palm Way Suite 304  
Address

Palm Beach, FL 33480  
City, State and Zip Code

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Peter A Flanagan at ( 561 ) 8351313  
Name of Contact Person 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.

**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>
109-111 Glover, LLC	Connecticut	LLC
109-111 Glover, LLC	Florida	LLC

**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>
109-111 Glover, LLC L12000075052	Florida	LLC

**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.

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 COUNTY CLERK  
 FLORIDA

**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:

Date of filing \_\_\_\_\_

**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:

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:

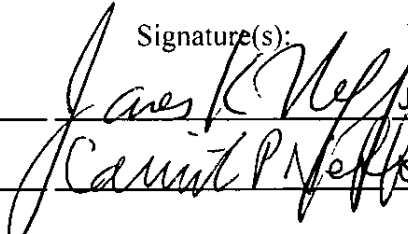
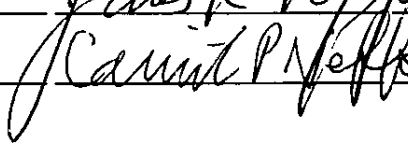
Street address: N/A  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address: N/A  
\_\_\_\_\_  
\_\_\_\_\_

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DEPARTMENT OF STATE

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):	Typed or Printed Name of Individual:
109-111 Glover, LLC		James K. Neff
		Sarmit P. Neff

Corporations:	Chairman, Vice Chairman, President or Officer <i>(If no directors selected, signature of incorporator.)</i>
General partnerships:	Signature of a general partner or authorized person
Florida Limited Partnerships:	Signatures of all general partners
Non-Florida Limited Partnerships:	Signature of a general partner
Limited Liability Companies:	Signature of a member or authorized representative

<b><u>Fees:</u></b> 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

<b><u>Certified Copy (optional):</u></b>	\$30.00
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 STATE OF FLORIDA  
 DEPARTMENT OF REVENUE  
 TALLAHASSEE, FLORIDA

per Tammy Hampton,  
 per conversation w/ peter flanagan on 4-12-12, mr. James K. neff  
 owns both merging LLC'S and his signature is acceptable for both  
 companies, he request not certificates

6-13-12

**PLAN OF MERGER**

**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>
109-111 Glover, LLC	Connecticut	LLC
109-111 Glover, LLC	Florida	LLC

**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>
109-111 Glover, LLC	Florida	LLC

**THIRD:** The terms and conditions of the merger are as follows:

Because the Members of the Merging LLCs are identical both in respect to identity and percentage of share ownership, no new Member interests in the LLC shall be issued pursuant to this Merger. The number and identities of the members of the surviving LLC shall not be affected by the merger.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*(Attach additional sheet if necessary)*

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 MISSISSIPPI, FLORIDA

**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:

Each member interest in the merging companies shall be converted into a  
member interest in the surviving company.

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*(Attach additional sheet if necessary)*

B. The manner and basis of converting rights to acquire the interests, shares, obligations or other securities of each merged party into rights to acquire the interests, shares, obligations or others securities of the survivor, in whole or in part, into cash or other property is as follows:

Any rights shall be converted on a one-to-one basis in accordance with each  
members's proportional interest in the merged companies.

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*(Attach additional sheet if necessary)*

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COMMISSE OF FLORIDA

**FIFTH:** Any statements that are required by the laws under which each other business entity is formed, organized, or incorporated are as follows:

None

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*(Attach additional sheet if necessary)*

**SIXTH:** Other provisions, if any, relating to the merger are as follows:

None

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*(Attach additional sheet if necessary)*

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ALLEN COUNTY FLORIDA





**Business Inquiry**

**Business Inquiry Details**

<b>Business Name:</b> 109-111 GLOVER LLC	<b>Business</b>
<b>Business Address:</b> 117 GLOVER AVE., NORWALK, CT, 06850	<b>Mailing Address</b>
<b>Citizenship/State Inc:</b> Domestic/CT	<b>Last Report Year</b>
<b>Business Type:</b> Domestic Limited Liability Company	<b>Business Status</b>
<b>Date Inc/Registered:</b> Jun 27, 2005	

**Principals**

<b>Name/Title:</b>	<b>Business Address:</b>	<b>Residence Address:</b>
SUMMIT HOLDINGS LP MEMBER	117 GLOVER AVE., NORWALK, CT, 06850	NONE

**Business Summary**

**Agent Name:** 67-69 GLOVER, LLC  
**Agent Business Address:** 117 GLOVER AVE., NORWALK, CT, 06850  
**Agent Residence Address:** NONE

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 STATE OF CONNECTICUT  
 REGISTERED AGENTS