2/6000054905

| (Re | equestor's Name) | | | |
|-------------------------|---------------------|-------------|--|--|
| (A | ddress) | | | |
| (Ā | ddress) | | | |
| (C | ity/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (B | usiness Entity Nar | me) | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



000283712680

16 HAR 23 PH 4:41



MAR 28 2016 D CONNELL



March 24, 2016

CSC

ATTN: MELISSA ZENDER

RESUBMIT

Flease give original submission date as file date.

SUBJECT: HOME ENCOUNTER HECM, LLC

Ref. Number: L16000054905

We have received your document for HOME ENCOUNTER HECM, LLC and the authorization to debit your account in the amount of \$50.00. However, the document has not been filed and is being returned for the following:

As a condition of a merger, pursuant to s.605.0212(8), Florida Statutes, each party to the merger must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the articles of merger are submitted for filing.

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.

Darlene Connell Regulatory Specialist III

Letter Number: 516A00006111

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 074860 4332362

AUTHORIZATION :

COST LIMIT : \$ 50.00

ORDER DATE: March 23, 2016

ORDER TIME : 2:38 PM

ORDER NO. : 074860-005

CUSTOMER NO: 4332362

ARTICLES OF MERGER

HOME ENCOUNTER COMMUNITY MANAGEMENT LLC

INTO

HOME ENCOUNTER HECM, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender - EXT. 62956

EXAMINER'S INITIALS:

COVER LETTER

| TO: | Amendment Section Division of Corporations | | | , · · · | |
|------------------|--|------------------|--------------------------|--------------------------|--|
| CHIDI | ECT: Home Encounter HECM, LLC | | | | |
| SOBS | ECT. | Name | of Surviving Pa | rty | |
| The er | nclosed Certificate of Merger and fee(s | s) are submit | ted for filing. | | |
| Please | e return all correspondence concerning | this matter t | o: | | |
| Peter ! | Murphy | | | | |
| | Contact Person | | | | |
| HECM | M Founder Holdings, Inc. | | | | |
| | Firm/Company | | · | | |
| 12906 | Tampa Oaks Blvd., Ste. 100 | | | | |
| | Address | | | | |
| Templ | le Terrace, FL 33637 | | | | |
| | City, State and Zip C | ode | | | |
| peter.r | murphy@homeencounter.com | | | | |
| | E-mail address: (to be used for future | annual repo | ort notification) | _ | |
| For fu | orther information concerning this matte | er, please ca | JI: | | |
| Peter l | Murphy | at (| 598-27 | 704 | |
| | Name of Contact Person | | Area Code | Daytime Telephone Number | |
| 0 | Certified copy (optional) \$30.00 | | | | |
| STREET ADDRESS: | | MAILING ADDRESS: | | | |
| | | | Amendment Section | | |
| | Division of Corporations | | Division of Corporations | | |
| Clifton Building | | | P. O. Box 6327 | | |
| | Executive Center Circle | | Tallahassee, FL | . 32314 | |
| Tallah | nassee, FL 32301 | | | | |

CR2E080 (2/14)

Articles of Merger For Florida Limited Liability Company

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 605.1025, Florida Statutes.

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

| Name | <u>Jurisdiction</u> | Form/Entity Type |
|---|--|------------------------------|
| Home Encounter Community Management LLC | Florida | Limited liability company |
| Home Encounter HECM, LLC | Florida | Limited liability company |
| | | |
| | | |
| SECOND: The exact name, form/entity ty | pe, and jurisdiction of the <u>sur</u> | viving party are as follows: |
| Name | <u>Jurisdiction</u> | Form/Entity Type |
| Home Encounter HECM, LLC | Florida | Limited liability company |

<u>THIRD</u>: The merger was approved by each domestic merging entity that is a limited liability company in accordance with ss.605.1021-605.1026; by each other merging entity in accordance with the laws of its jurisdiction; and by each member of such limited liability company who as a result of the merger will have interest holder liability under s.605.1023(1)(b).

| FOUR | TH: Please check one of the t | oxes that | apply to surviving en | mity: (if applicable) | • • | | | |
|---|---|-------------|--|-----------------------------|-----------------------|--------------------|--|--|
| 0 | This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached. | | | | | | | |
| | This entity is created by the merger and is a domestic filing entity, the public organic record is attached. | | | | | | | |
| 0 | This entity is created by the merger and is a domestic limited liability limited partnership or a domestic limited liability partnership, its statement of qualification is attached. | | | | | | | |
| - | This entity is a foreign entity t mailing address to which the c Florida Statutes is: | | | | | | | |
| | | | | | | | | |
| | 4: This entity agrees to pay any .1006 and 605.1061-605.1072, 1 | | with appraisal rights | the amount, to which | members are enutle | ed under | | |
| SIXTI | H: If other than the date of filin | g, the dela | yed effective date of | the merger, which ca | annot be prior to nor | more than 90 | | |
| days a | fter the date this document is fil | ed by the l | Florida Department o | of State: | | | | |
| | | · | · | | | | | |
| | If the date inserted in this block document's effective date on the | | | | ements, this date wil | li not be listed | | |
| <u>SEVE</u> | NTH: Signature(s) for Each Pa | ırty: | | | Typed or Printed | | | |
| Name | of Entity/Organization: | | Signature(s): | | Name of Individual: | ; | | |
| Home Encounter Community Management LLC | | CTP | _ | Peter Murphy | | | | |
| Home Encounter HECM, LLC | | P | | Peter Murphy | | | | |
| | | | | \supset | | | | |
| Corpor | rations: | Chairm | an, Vice Chairman, I | President or Officer | | | | |
| Camari | -1 | | | nature of incorporate | | | | |
| | al partnerships: a Limited Partnerships: | | ire of a general parti- ires of all general par | er or authorized personners | , | | | |
| Non-F | lorida Limited Partnerships: d Liability Companies: | Signatu | ire of a general partn ire of an authorized p | er | | | | |
| Fees: | For each Limited Liability Co | mpany: | \$25.00 | For each Corpor | ation: | \$35.00 | | |
| | For each Other Business Entit | | \$52.50 \$35.00 | For each Genera | | \$25.00 \$30.00 | | |
| | PIT POCH I KINE HINGTON HOTE | | */ * /*/ | e estilles and | | W 15 6 1 18 4 | | |