

m/5000004390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

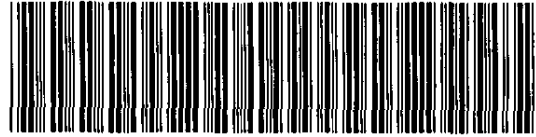
(Business Entity Name)

(Document Number)

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

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RECEIVED  
DEPARTMENT OF  
15 JUN - 8 PM 1:54  
TO ACKNOWLEDGE  
SUFFICIENT FILING

FILED  
2015 JUN - 8 PM 2:43  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

JUN 09 2015  
A RAMSEY

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 660372 7353539  
AUTHORIZATION : *Sybil Clement*  
COST LIMIT : \$ 157.50

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ORDER DATE : June 8, 2015  
ORDER TIME : 1:14 PM  
ORDER NO. : 660372-005  
CUSTOMER NO: 7353539

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ARTICLES OF MERGER

WESTON TC LLLP

INTO

WESTON TC LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Weston TC 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. Mardinly**

Contact Person

**Belmont Investment Corp.**

Firm/Company

**900 W. Sproul Rd., Suite 101**

Address

**Springfield, PA 19064**

City, State and Zip Code

**pmardinly@belmontinvestment.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Peter A. Mardinly** at ( **610** ) **543-3333**

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Certified copy (optional) \$52.50

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

FILED

2015 JUN -8 PM 2:43

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

SECRETARY OF STATE  
STATE OF FLORIDA

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>
<u>Weston TC LLLP</u>	<u>Florida</u>	<u>Limited Liability Limited Partnership</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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>
<u>Weston TC LLC</u>	<u>Delaware</u>	<u>Limited Liability Company</u>

**THIRD:** The date the merger is effective under the governing laws of the surviving party is: \_\_\_\_\_  
the date of surviving entity's governing statute

**(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:

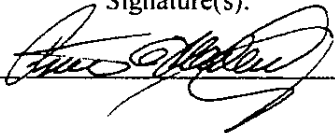
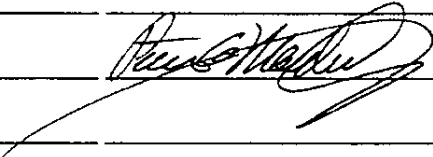
Street address: DELAWARE INCORPORATORS & REGISTRATION SERVICE, LLC  
301 NORTH MARKET STREET SUITE 1410, FARMERS BANK BLDG  
WILMINGTON, DE 19801

Mailing address: DELAWARE INCORPORATORS & REGISTRATION SERVICE, LLC  
301 NORTH MARKET STREET SUITE 1410, FARMERS BANK BLDG  
WILMINGTON, DE 19801

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

**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:
Weston TC LLLP		Peter A. Mardinly
		Vice President of
		Weston TC Corp., Gen. Partner
Weston TC LLC		Peter A. Mardinly
		Vice President of Weston TC LLC

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