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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6380

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Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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## MERGER OR SHARE EXCHANGE EXCEL FAMILY PARTNERS, LLLP

Certificate of Status	0
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Page Count	04
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**T. CLINE**

JAN - 5 2012

**EXAMINER**

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**Florida Limited Partnership or Limited Liability Limited Partnership**

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>Excel Family Partners, LLLP</u>	<u>Florida</u>	<u>limited liability limited partnership</u>
<u>Excel Family Partners, L.P.</u>	<u>Pennsylvania</u>	<u>limited partnership</u>
<u> </u>	<u> </u>	<u> </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>
Excel Family Partners, LLLP	Florida	limited liability limited partnership

**THIRD:** The date the merger is effective under the governing laws of the surviving party is: January 1, 2012.

**(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:

None

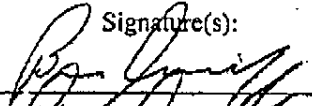
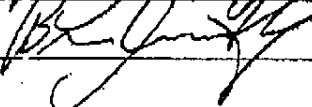
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**SEVENTH:** Signature(s) for Each Party:

(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:
Excel Family Partners, LLP		Bruce A. Cassidy
Excel Family Partners, L.P.		Bruce A. Cassidy

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

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MERGER OR SHARE EXCHANGE  
EXCEL FAMILY PARTNERS, LLP

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