A13000005608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

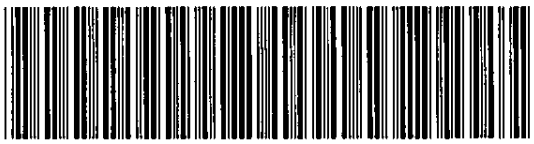
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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09/16/13--01030--009 **105.00

Merger

SEP 16 2013

R. WHITE

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DEPARTMENT OF STATE
13 SEP 16 PM 2:01

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TALLAHASSEE, FLORIDA

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XX FILING MERGER

1. BJA Family Limited Liability Limited Partnership
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

FILED

13 SEP 16 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Merger
For
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:

Name	Jurisdiction	Form/Entity Type
BJA Family Limited Partnership	Minnesota	Limited Partnership

SECOND: The exact name, form/entity type, and jurisdiction of the **surviving** party are as follows:

Name	Jurisdiction	Form/Entity Type
BJA Family Limited Liability Limited Partnership	Florida	Limited Liability Limited Partnership

THIRD: The date the merger is effective under the governing laws of the surviving party is: October 1, 2013.

(**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: _____

_____

_____

Mailing address: _____

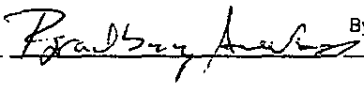
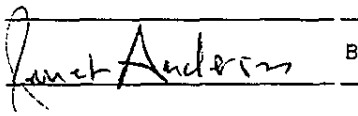
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SIXTH: Other provisions, if any, relating to the merger:

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:
BJA Family Limited Partnership (MN)		By: Bradbury Anderson, as Chief Manager of BJA Family, LLC, General Partner
BJA Family Limited Liability Limited Partnership (FL)		By: Bradbury Anderson, as Manager of BJA Family, LLC, General Partner
		By: Janet Anderson, as Manager of BJA Family, LLC, General Partner

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