

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

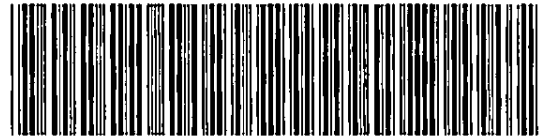
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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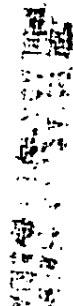
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Merger

AUG 29 2017

W. STATE



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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE ITALIAN-AMERICAN SOCIAL CLUB OF CENTRAL FLORIDA, INC.
(Name of Surviving Corporation)

The enclosed Articles of Merger and fee are submitted for filing.

Please return all correspondence concerning this matter to following:

DIGIROLAMO VINCENT

(Contact Person)

THE ITALIAN-AMERICAN SOCIAL CLUB OF CENTRAL FLORIDA, INC.

(Firm/Company)

P.O. BOX 574111

(Address)

ORLANDO, FL 32807

(City/State and Zip Code)

For further information concerning this matter, please call:

DIGIROLAMO VINCENT

(Name of Contact Person)

At (407) 366-4720

(Area Code & Daytime Telephone Number)

☐ Certified copy (optional) \$8.75 (Please send an additional copy of your document if a certified copy is requested)

STREET ADDRESS:

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

MAILING ADDRESS:

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

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ARTICLES OF MERGER

(Not for Profit Corporations)

RECEIVED
FLORIDA DEPARTMENT OF STATE

The following articles of merger are submitted in accordance with the Florida Not For Profit Corporation Act, pursuant to section 617.1105, Florida Statutes.

First: The name and jurisdiction of the **surviving** corporation:

<u>Name</u>	<u>Jurisdiction</u>	<u>Document Number</u> (If known/ applicable)
THE ITALIAN-AMERICAN SOCIAL CLUB OF CENTRAL FLORIDA, INC.	ORANGE COUNTY FLORIDA	711558

Second: The name and jurisdiction of each **merging** corporation:

<u>Name</u>	<u>Jurisdiction</u>	<u>Document Number</u> (If known/ applicable)
ITALIANS OF CENTRAL FLORIDA INC	ORANGE COUNTY FLORIDA	N15000009025
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Third: The Plan of Merger is attached.

Fourth: The merger shall become effective on the date the Articles of Merger are filed with the Florida Department of State

OR ____/____/____ (Enter a specific date. NOTE: An effective date cannot be prior to the date of filing or more than 90 days after merger file date).

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(Attach additional sheets if necessary)

Fifth: ADOPTION OF MERGER BY SURVIVING CORPORATION
(COMPLETE ONLY ONE SECTION)

SECTION I

The plan of merger was adopted by the members of the surviving corporation on 8/9/2017.
The number of votes cast for the merger was sufficient for approval and the vote for the plan was as follows:
54 FOR 0 AGAINST

SECTION II

(CHECK IF APPLICABLE) The plan or merger was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

SECTION III

There are no members or members entitled to vote on the plan of merger.
The plan of merger was adopted by the board of directors on _____. The number of directors in office was _____. The vote for the plan was as follows: _____ FOR _____ AGAINST

Sixth: ADOPTION OF MERGER BY MERGING CORPORATION(s)
(COMPLETE ONLY ONE SECTION)

SECTION I

The plan of merger was adopted by the members of the merging corporation(s) on 7/11/2017. The number of votes cast for the merger was sufficient for approval and the vote for the plan was as follows: 13 FOR 0 AGAINST

SECTION II

(CHECK IF APPLICABLE) The plan or merger was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

SECTION III

There are no members or members entitled to vote on the plan of merger.
The plan of merger was adopted by the board of directors on _____. The number of directors in office was _____. The vote for the plan was as follows: _____ FOR _____ AGAINST

Seventh: SIGNATURES FOR EACH CORPORATION

Name of Corporation

Signature of the chairman/
vice chairman of the board
or an officer.

Typed or Printed Name of Individual & Title

ITALIAN-AMERICAN SOCIAL

CLUB OF CENTRAL FLORIDA INC.

ITALIANS OF CENTRAL FLORIDA
INC

Wm. D. Kellogg
George F. Farrell

DIGIROLAMO VINCENT, PRESIDENT

VIANELLO GIOVANNI, PRESIDENT

PLAN OF MERGER

The following plan of merger is submitted in compliance with section 617.1101, Florida Statutes and in accordance with the laws of any other applicable jurisdiction of incorporation.

The name and jurisdiction of the **surviving** corporation:

Name

ITALIAN-AMERICAN SOCIAL CLUB OF
CENTRAL FLORIDA, INC.

Jurisdiction

ORANGE COUNTY FLORIDA

The name and jurisdiction of each **merging** corporation:

Name

ITALIANS OF CENTRAL FLORIDA INC

Jurisdiction

ORANGE COUNTY FLORIDA

The terms and conditions of the merger are as follows:

ALL PAID UP MEMBERS OF ITALIANS OF CENTRAL FLORIDA INC. WILL BE PAID UP MEMBERS OF ITALIAN-AMERICAN SOCIAL CLUB OF CENTRAL FLORIDA INC. FOR ONE YEAR.

ALL CASH AND ASSETS OF ITALIANS OF CENTRAL FLORIDA INC. WILL BE MERGED INTO THE ACCOUNTS OF ITALIAN-AMERICAN SOCIAL CLUB OF CENTRAL FLORIDA INC. TO BE USED FOR MEMBERSHIP DUES AND FUTURE EVENTS.

A statement of any changes in the articles of incorporation of the surviving corporation to be effected by the merger is as follows:

NONE

Other provisions relating to the merger are as follows:

NONE