

A06000000/050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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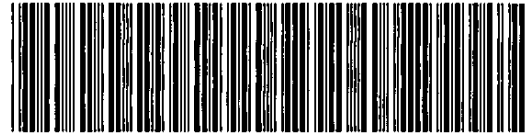
(Business Entity Name)

(Document Number)

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J. BRYAN OCT 20 2006

OCTOBER 18, 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCARBROUGH FAMILY LIMITED PARTNERSHIP
(Name of Surviving Party)

The enclosed Certificate of Merger and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JEFFREY ASKEW, ESQ.
(Contact Person)

ASKEW + ASKEW, P.A.
(Firm/Company)

PO Box 14656
(Address)

NORTH PALM BEACH, FL 33408-4656
(City, State and Zip Code)

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For further information concerning this matter, please call:

JEFFREY ASKEW, ESQ. at (561) 775-6399
(Name of Contact Person) (Area Code and Daytime Telephone Number)

☒ Certified copy (optional) \$52.50

STREET ADDRESS:

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

MAILING ADDRESS:

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

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

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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>Scarbrough Limited Partnership</u>	<u>Ohio</u>	<u>Limited Partnership</u>
<u>Scarbrough Family Limited Partnership</u>	<u>Florida</u>	<u>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>#A06000001056 Scarbrough Family Limited Partnership</u>	<u>Florida</u>	<u>Limited Partnership</u>

THIRD: The date the merger is effective under the governing laws of the surviving party is: September 1, 2006.

(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: Not Applicable

Mailing address: _____

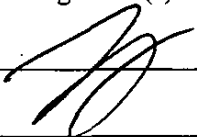
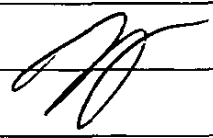
SIXTH: Other provisions, if any, relating to the merger:

Not Applicable

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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:
Scarbrough Management Company, Inc. (General Partner of Scarbrough Limited Partnership)		John D. Scarbrough, Jr., President
Scarbrough Management Company, Inc. (General Partner of Scarbrough Family Limited Partnership)		John D. Scarbrough, Jr., President

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

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