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DIVISION OF COOPERATIONS

Effective 4-30-2015

CL315

COVER LETTER

TO: Amendment Section Division of Corporations Koestner 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: Michael J. Cavaliere Contact Person Cavaliere Law Firm, LLC Firm/Company P.O. Box 80288 Address Fairbanks, Alaska 99708 City, State and Zip Code mike@cavalierelawfirm.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael J. Cavaliere (Name of Contact Person) (Area Code and Daytime Telephone Number) Certified copy (optional) \$52.50 STREET ADDRESS: **MAILING ADDRESS:**

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

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



Certificate of Merger For

15 MAR 30 AN 10: 36

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: A09000000649 Jurisdiction Name 1 Form/Entity Type Florida Koestner Family Limited Partnership Limited Partnership Montana Koestner Family Limited Partnership Limited Partnership **SECOND:** The exact name, form/entity type, and jurisdiction of the <u>surviving</u> party are as follows: Jurisdiction Name Form/Entity Type Montana Koestner Family Limited Partnership Limited Partnership Effective 4-30-2015 **THIRD:** The date the merger is effective under the governing laws of the surviving party is: April 30, 2015

(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.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

FIFTH: If the surviving party is a foreign organization not qualified to transact business in this state, the street address and mailing address of a room of the street address and mailing address of a room of the street address and mailing address of a room of the street address and mailing address of a room of the street address and mailing address of a room of the street address and mailing address of a room of the street address and mailing address of a room of the street address and mailing address of a room of the street address and mailing address of a room of the street address and mailing address of a room of the street address and mailing address of a room of the street address and mailing address of a room of the street address and mailing address of a room of the street address and mailing address of a room of the street address and mailing address of a room of the street address and mailing address of a room of the street address o Department of State may use for the purposes of s. 620.2109(2), F.S., are as follows:

Street address:	c/o Cox & Nici		
Mailing address:	1185 Immokalee Road, Suite 110		
	Naples, Florida 34110		
	c/o Cox & Nici		
	1185 Immokalee Road, Suite 110		
	Naples, Florida 34110		

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

SECRETARY OF STATE DIVISION OF CORTORATIONS
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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:
a Florida limited partnership		General Partner,
		Rudolf L. Koestner, Manager
Koestner Family Limited Partnership,		KFAM Limited Liability Company
a Montana limited partnership	7 9	General Partner,
		Rudolf L. Koestner, Manager

Fees: Filing Fees: \$52.50 Per Party
Certified Copy: \$52.50 (Optional)

Certificate of Status: \$8.75 (Optional)