A11000000676

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000305867 3)))

H11000305867 3ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5360

*This is a re-fax; please give 12/30/11 as file date. Thanks!

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Effective Date 12-30-2011

FILED
2011 DEC 30 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
12 JAN -4 AM 8:02
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

MERGER OR SHARE EXCHANGE
EXCEL FAMILY PARTNERS, LLLP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$105.00

T. CLINE
JAN - 5 2012
EXAMINER

Electronic Filing Menu Corporate Filing Menu Help

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
Excel Family Partners, LLLP	Florida	limited liability limited partnership
Excel Family Partners, L.P.	Pennsylvania	limited partnership

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

A10000000676

Name	Jurisdiction	Form/Entity Type
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.)

FILED
2011 DEC 30 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED
2011 DEC 30 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, LLLP		Bruce A. Cassidy
Excel Family Partners, L.P.		Bruce A. Cassidy

FILED
2011 DEC 30 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Accoudt Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

MERGER OR SHARE EXCHANGE
EXCEL FAMILY PARTNERS, LLLP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$105.00

FILED
2011 DEC 30 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

TRANSMISSION VERIFICATION REPORT

TIME : 12/30/2011 16:15
NAME :
FAX :
TEL :
SER.# : BROK7J716706

DATE,TIME	12/30 16:14
FAX NO./NAME	6176380
DURATION	00:00:32
PAGE(S)	04
RESULT	OK
MODE	STANDARD ECM