Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Tax Number

: (850) 617-6380

From

ACCOUNT NAME : DEAN, MEAD, EGERTON, BLOCOMORTH, CAROUANO & BOZARTH, P.A.

Account Number : 076077001702 Phone : (407)841-1200

Fax Number : (407)423-1631

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

jrosemberg@aol.com

gmail Addronn:

MERGER OR SHARE EXCHANGE KENLEY LP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$113.75

CRD 030067/053455

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Corporate Filing Menu

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12 MAR 29 PM 2: 02

SECKLIARY OF STATE
SECKLIARY OF STATE

B. BOSTICK

MAR 3 0 2012

3/21/2012

EXAMINER

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:

(Amino	<u>amismė</u> moit	COUNTRILITY TABE				
Kenley LP	PA	limited partnership				
1						
!						
SECOND: The exact name, form/entity types follows:	pe, and jurisdiction of	the <u>surviving</u> party are				
Name	<u>Jurisdiction</u>	Form/Entity Type				
Kenley LP	FL	limited partnership				
AN O	00000767					
THURD: The date the merger is effective u	nder the governing law	79 of the				
surviving party is: 09/29/2012	1	ASS ASS				
NOTE: If survivor is a Florida limited par	mership or limited liab	ility limited				
pattnership, effective date cannot be prior to	nor more than 90 day:	s after the date this				
document is filed by the Florida Department	of State. <u>If Survivor i</u>	s not a Florida linified				
partnership or limited liability limited partnership, effective date shall be as provided in						

FOURTH: The merger was approved by each party as required by its governing law.

survivor's governing statute.)

1 of 3

t address and	mailing addi	ress of an offic	e which the Flor	ida
	·····			
				·
	t address and	t address and mailing addi	t address and mailing address of an offic	ving party is a foreign organization not qualified to transat address and mailing address of an office which the Flor may use for the purposes of s. 620.2109(2), F.S., are as fi

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

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12 MAR 29 FM 2: 02 SEURLIANY OF STATE TALLAHASSEE, FLORIDA

2 of 3

Fees: Filing Fees: Cartified Copy:

Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:
Kenley LP, a Pennsylvania	willing	Jay Rosenberg,
limited partnership		General Partner
Kenley LP, a Florida	2 Myllicy	Jay Rosenberg,
limited partnership	<u> </u>	General Partner

\$52:50 Per Party

Cartified Copy: \$52.50 (Optional)
Cartificate of Status: \$8.75 (Optional)

12 MAR 29 PM 2: 02
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03/30/2012 11:05 FAX 4074231831 DEAN MEAD ORLANDO 0002 850-617-6-31: 3/30/2012 10:53:44 AM PAGE 1/001 FAX Server



March 30, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

KENLEY LP : 150 E. ROBINSON STREET SUITE 2202 ORLANDO, FL : 32801

SUBJECT: KENLEY IP REF: A11000000957

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filling of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II FAX Aud. #: H12000074966 Letter Number: 912A00010620

THE EFFECTIVE DATE HAS BEEN CORRECTED TO THE DATE OF FILING ON 03/29/2012.



P.O BOX 6327 - Tallahassee, Florida 32314