

A130000000243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

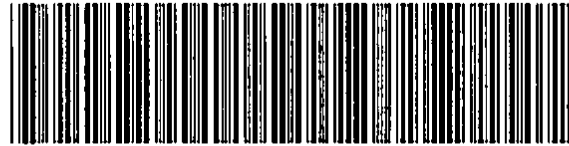
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700356209737

12/21/20--01038--028 \*\*105.00

2021 DEC 21 15:15

R -  
FEB 9 2021

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Beloit Legacy Management, LLLP

\_\_\_\_\_  
Name of Surviving Party

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

Please return all correspondence concerning this matter to:

Jennifer Okular

\_\_\_\_\_  
Contact Person

Nelson & Nelson, P.A.

\_\_\_\_\_  
Firm/Company

2775 Sunny Isles Blvd. Ste. 118

\_\_\_\_\_  
Address

North Miami Beach, FL 33160

\_\_\_\_\_  
City, State and Zip Code

jennifer@estatetaxlawyers.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Okular

\_\_\_\_\_  
(Name of Contact Person)

at ( 305 ) 932-2000

\_\_\_\_\_  
(Area Code and Daytime Telephone Number)

☐ Certified copy (optional) \$52.50

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Certificate of Merger**  
**For**  
**Florida Limited Partnership or Limited Liability Limited Partnership 1:15**

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>
Brice Investment Group II, L.P.	Delaware	Limited Partnership
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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>
Beloit Legacy Management, LLLP	Florida	LLLP
_____	_____	_____

**THIRD:** The date the merger is effective under the governing laws of the surviving party is: \_\_\_\_\_.

(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:


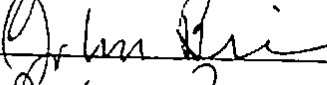
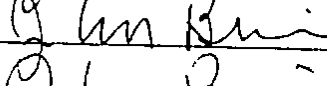
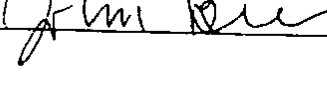
Street address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**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:
Brice Management, LLC		John Brice, Manager
Beloit Holdings, LLC		John Brice, Manager
Beloit Legacy Management, LLLP		John Brice, A.R.
Brice Investment Group II, L.P.		John Brice, A.R.

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