

A 1300000508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

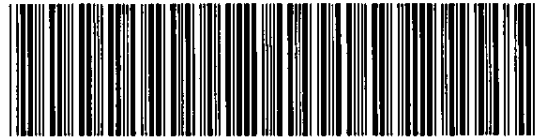
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000251436860

09/16/13--01030--009 \*\*105.00

merger  
SEP 16 2013  
K. WHITE

RECEIVED  
DEPARTMENT OF STATE  
13 SEP 16 PM 2:01

FILED  
13 SEP 16 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATE  
ACCESS,  
INC.**

*"When you need ACCESS to the world"*

---

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

---

**WALK IN**

**PICK UP:** 9/16 GLINDA

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- xx** **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- xx** **FILING** **MERGER** \_\_\_\_\_

1. **BJA Family Limited Liability Limited Partnership**  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

---

---

---

---

---

FILED

Certificate of Merger

13 SEP 16 PM 3:12

For

Florida Limited Partnership or Limited Liability Limited Partnership

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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>
BJA Family Limited Partnership	Minnesota	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>
BJA Family Limited Liability Limited Partnership	Florida	Limited Liability Limited Partnership
_____	_____	_____

**THIRD:** The date the merger is effective under the governing laws of the surviving party is: October 1, 2013.

**(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:

---


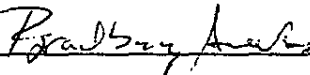
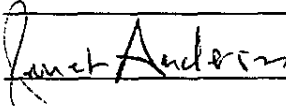
---

---

**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:
BJA Family Limited Partnership (MN)		By: Bradbury Anderson, as Chief Manager of BJA Family, LLC, General Partner
BJA Family Limited Liability Limited Partnership (FL)		By: Bradbury Anderson, as Manager of BJA Family, LLC, General Partner
		By: Janet Anderson, as Manager of BJA Family, LLC, General Partner

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