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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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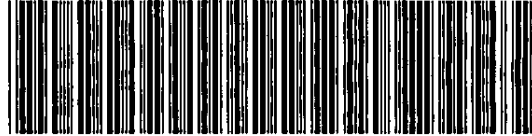
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mayer
8/19/16
8/30/16

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CAPITAL CIRCLE GROUP 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:

Random R. Burnett, Esq.

Contact Person

Random R. Burnett, LC

Firm/Company

825 Ballough Road, Suite 410

Address

Daytona Beach, FL 32114-2265

City, State and Zip Code

random@randomlaw.biz

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

For further information concerning this matter, please call:

Random R. Burnett at (386) 238-3775, ext 301

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

☐ Certified copy (optional) \$52.50

STREET ADDRESS:

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

MAILING ADDRESS:

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

**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:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
CAPITAL CIRCLE GROUP LIMITED PARTNERSHIP	<u>Nevada</u>	<u>limited partnership</u>
CAPITAL CIRCLE GROUP LIMITED PARTNERSHIP	<u>Florida</u>	<u>limited partnership</u>
_____	_____	_____
_____	_____	_____

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

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
CAPITAL CIRCLE GROUP LIMITED PARTNERSHIP	<u>Florida</u>	<u>limited partnership</u>

THIRD: The date the merger is effective under the governing laws of the

surviving party is: 9/1/2016.

(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.

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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:

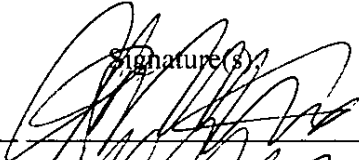
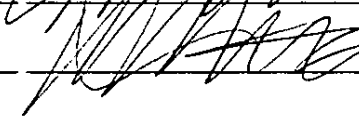
Street address:

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:
CAPITAL CIRCLE GROUP LIMITED PARTNERSHIP		Random R. Burnett
CAPITAL CIRCLE GROUP LIMITED PARTNERSHIP		Random R. Burnett
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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