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*10/1*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LDK FLORIDA 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

(Name of Contact Person)

at ( 386 ) 238-3775, ext 301

(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

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**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>
LDK LIMITED PARTNERSHIP	Nevada	limited partnership
LDK FLORIDA LIMITED PARTNERSHIP	Florida	limited partnership
_____	_____	_____
_____	_____	_____

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TALLAHASSEE FLORIDA

**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>
LDK FLORIDA LIMITED PARTNERSHIP	Florida	limited partnership
_____	_____	_____

**THIRD:** The date the merger is effective under the governing laws of the surviving party is: 10/1/2016.

**(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.

**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:

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Mailing address:

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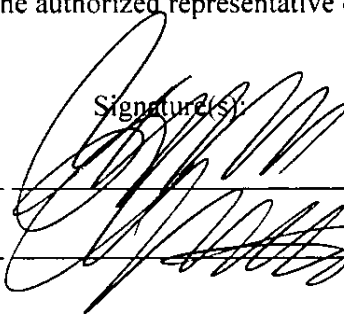

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**SIXTH:** Other provisions, if any, relating to the merger:

**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:
LDK LIMITED PARTNERSHIP		Random R. Burnett
LDK FLORIDA LIMITED PARTNERSHIP		Random R. Burnett

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