

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000158586 3)))



H190001585863ALCA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP OF BOCA RATON
Account Number : 076376001555
Phone : (803) 255-9617
Fax Number : (561) 483-7321

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

Email Address: tpeterson@allmancos.com

MERGER OR SHARE EXCHANGE

ADC Equity Partners - Miramar East, Ltd.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$113.75 157.50

***SECOND REQUEST -
PLEASE USE MAY 14, 2019
AS FILE DATE. ORIGINAL FAX
CONFIRMATION IS ATTACHED.
THANK YOU.*****

Electronic Filing Menu

Corporate Filing Menu

Help

2019 MAY 14 AM 8:08

RECEIVED

2019 MAY 15 PM 4:02

RECEIVED

R. WHITE
MAY 16 2019

FBI

2019 MAY 14 AM 8:08

Fax Audit No. H19000158586 3

**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>
ADC Equity Partners - Miramar East, Ltd.	Florida	Limited Partnership
ADC Equity Partners - Miramar West, Ltd.	Florida	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>
ADC Equity Partners - Miramar East, Ltd.	Florida	Limited Partnership

THIRD: The date the merger is effective under the governing laws of the surviving party is: Date of Filing.

(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.

Fax Audit No. H19000158586 3

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: _____

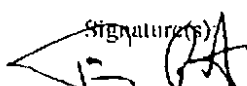
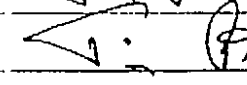
Mailing address: _____

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

Fax Audit No. H19000158586 3

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:
Old TAC, Inc.		Timothy A. Pollock, CFO and Exec VP
Old TAC, Inc.		Timothy A. Pollock, CFO and Exec VP

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