N 180000000 6 4 4

(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:				
walk In				

Office Use Only



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SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE_12/27/2018	_	<i>⇔WALK IN</i> ↔
ENTITY NAME	COTTER FAMILY LIMITED PARTNERSHIP	
DOCUMENT NUMBER	R	
	PLEASE FILE THE ATTACHED AND RETURN	
xx	Plain Copy	
	Certified Copy Certificate of Status	
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY	
	Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTIN NUMBER OF CERTIFI		 _
TOTAL OWED \$10	05.00 CHECK # 5602	_
Please call Tina at	t the above number for any issues or concerns. Thank you so	mack!

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: COTTER FAMILY LIMITED PA	RTNERSHIP
Name of	Surviving Party
The enclosed Certificate of Merger and fe	e(s) are submitted for filing.
Please return all correspondence concerni-	ng this matter to:
Brenda Hodges Binder, Paralegal	
Contact Person	
Miller & Martin PLLC	
Firm/Company	
832 Georgia Avenue, Suite 1200	
Address	
Chattanooga, TN 37402	
City, State and Zip Code	
brenda.binder@millermartin.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this ma	atter, please calf:
Brenda Hodges Binder	at ()
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Certified copy (optional) \$52.50	
STREET ADDRESS:	MAILING ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations P. O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	rananassee, r.D. 32317

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Certificate of Merger For Florida Limited Partnership or Limited Liability Limited Partnership

Name	Jurisdiction	Form/Entity Type
Cotter Family Limited Partnership	Connecticut	Limited Partnership
Cotter Family Limited Partnership	Florida	Limited Partnership A 18000000 64
	_	····
CECONE The contract of the contract of the central contract of the central cen		
as follows:	ntity type, and jurisdiction <u>Jurisdiction</u>	of the surviving party are Form/Entity Type
as follows:		

tion of the Control of Made in Change Colons

FOURTH: The merger was approved by each party as required by its governing law.

FIFTH: If the survin this state, the stree Department of State	ect address an	d mailing ad	dress of an off	fice which the	Florida
Street address:					
					
Mailing address:					
				<u>.</u>	
				<u>. </u>	

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

2 of 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: Cotter Family Limited Partnership	Signature(s):	Name of Individual: E. Robert Cotter
Cotter Family Limited Partnership	Elizabel CM°	Elizabeth C. McGroarty
	·	

<u>Fees:</u> Filing Fees: \$52.50 Per Party

Certified Copy: \$52.50 (Optional) Certificate of Status: \$8.75 (Optional)