

# A20000000222

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAW OFFICES OF JOHN E MOORE, III, PLLC  
Account Number : I20140000039  
Phone : (772)234-8344  
Fax Number : (772)234-8339

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

Email Address: jmoore@moorelawvero.com

**MERGER OR SHARE EXCHANGE**  
**Oyster River Capital, LP**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$105.00

AUG 04 2020

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*LP Merge*

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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>
Oyster River Capital, LP	DE	LP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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>
Oyster River Capital, LP	FL	LP
_____	_____	_____

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

surviving party is: August 3, 2020.

**(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:

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Mailing address:

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

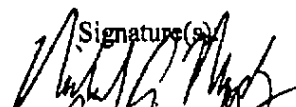
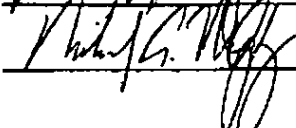
As provided in the Agreement and Plan of Merger, duly approved by both the Merging Entity and the Surviving Entity.

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**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:
Oyster River Capital, LP (FL)		Richard A. Murphy
Oyster River Capital, LP (DE)		Richard A. Murphy

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

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