

A20000000487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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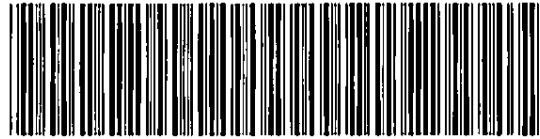
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 506763 4300043

AUTHORIZATION : 

COST LIMIT : \$ 105.00

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ORDER DATE : November 12, 2020

ORDER TIME : 12:52 PM

ORDER NO. : 506763-010

CUSTOMER NO: 4300043  
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ARTICLES OF MERGER

THE KMMK LIMITED PARTNERSHIP

INTO

THE KMMK LIMITED LIABILITY  
LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Amanda Robinson

EXAMINER'S INITIALS: \_\_\_\_\_

**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>
THE KMMK LIMITED PARTNERSHIP	NEW YORK	LP
The KMMK Limited Liability Limited Partnership	FLORIDA	LLLP
_____	_____	_____
_____	_____	_____

**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>
The KMMK Limited Liability Limited Partnership	FLORIDA	LLLP

**THIRD:** The date the merger is effective under the governing laws of the surviving party is: \_\_\_\_\_.

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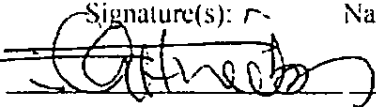
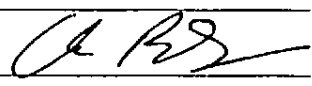
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**SIXTH:** Other provisions, if any, relating to the merger:

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STATE  
CLERK

**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:
THE KMMK LIMITED PARTNERSHIP		John Treiber
By: John Treiber, President of Golf Cat Ltd., its Sole General Partner		
THE KMMK LIMITED LIABILITY LIMITED PARTNERSHIP		David Black
By: David Black, President of Golf Cat Inc., its Sole General Partner		

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

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CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA