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Sunshine State Corporate Compliance Company

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Certificate of Merger For Florida Partnership

Statutes.	s submitted in accordan	ce with s. 620.8918, Florida
FIRST: The exact name, form/entity follows:	type, and jurisdiction t	or each merging party are as
Name	Jurisdiction	Form/Entity Type
The ABJS Family Limited Partnership	New York	Limited Partnership
SECOND: The exact name, form/en as follows:	tity type, and jurisdiction	n of the <u>surviving</u> party are
Name	<u>Jurisdiction</u>	Form/Entity Type
The ABJS Family Limited Partnership	Florida	Limited Partnership
THIRD: The date the merger is effect surviving party is: November 15, 2021 (NOTE: If survivor is a Florida partre than 90 days after the date this document survivor is not a Florida partnership, elaw of the surviving party.)	nership, effective date ca ent is filed by the Floric	annot be prior to nor more la Department of State. If

1 of 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. 620.8919(2), F.S., are as follows:

Street address:

Mailing address:

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

SEVENTH: Signature(s) for Each Party:

(Merger must be signed by all general partners of each partnership and by the authorized representative of each other party.)

Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:
The ABJS Family Limited Partnership		Albert Haug 11/15/21
The ABJS Family Limited Partnership	11/1/	Albert Haug 11115 21
	,	
	-	

Fees: Filing Fees:

\$25.00 Per Party

Certified Copy:

\$52.50 (Optional)

Certificate of Status: \$8.75 (Optional)