

To:

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2/24/24 02:01:11 PM 099 E55

407-244-5690

From: Gray Robinson, P.A. Gray Robinson, P.A.

1/31/24, 2:42 PM

Division of Corporations

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Florida Department of State  
Division of Corporations  
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Email Address: Nora.Miller@gray-robinson.com

**MERGER OR SHARE EXCHANGE**

**Marina & Briana Limited Partnership**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$122.50

\$166.75

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January 31, 2024

FLORIDA DEPARTMENT OF STATE  
Division of CorporationsMARINA & BRIANA LIMITED PARTNERSHIP  
300 NORTH COUNTRY CLUB BLVD.  
BOCA RATON, FL 33487USSUBJECT: MARINA & BRIANA LIMITED PARTNERSHIP  
REF: A24000000047

2024 JAN 31 11:50:48

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You have completed the wrong form. The form that needs to be completed is Certificate of merger for a Florida limited partnership.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline FAX Aud. #: H24000042760  
Regulatory Specialist II Supervisor Letter Number: 324A00002165

P.O BOX 6327 - Tallahassee, Florida 32314

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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>
<u>15141-78</u> Marina&BrianaLimitedPartnership	<u>Massachusetts</u>	<u>LimitedPartnership</u>
<u>Marina&amp;BrianaLimitedPartnership</u>	<u>Florida</u>	<u>LimitedPartnership</u>
<u>15141-47</u>		

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**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>
<u>Marina&amp;BrianaLimitedPartnership</u>	<u>Florida</u>	<u>LimitedPartnership</u>

**THIRD:** The date the merger is effective under the governing laws of the surviving party is: January 31, 2024.

**(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: N/A

Mailing address: N/A

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

N/A

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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:
<u>Marina &amp; Briana Limited Partnership,</u> a Massachusetts Limited Partnership; By: Mele Management Company, Inc., its General Partner	<div>DocuSigned by: <u>Michael Mele</u> E0F07D0B0C5A84C6</div>	<u>Michael Mele, President</u>
<u>Marina &amp; Briana Limited Partnership,</u> a Florida Limited Partnership; By: Mele Management Company, Inc., its General Partner	<div>DocuSigned by: <u>Michael Mele</u> E0F07D0B0C5A84C6</div>	<u>Michael Mele, President</u>

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

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