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**Date:** 05/06/2024  
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Name:	N & M MAGOWAN, L.P.
Document #:	
Order #:	15493630 - 6

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Amount: \$ **105.00**

Thank you!

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

2024 MAY -6 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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>
N & M MAGOWAN, L.P.	NEW YORK	LP
N & M MAGOWAN, L.P.	FLORIDA	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>
N & M MAGOWAN, L.P.	FLORIDA	LP

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

**(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.

**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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mailing address: \_\_\_\_\_

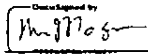
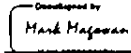
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**SIXTH:** Other provisions, if any, relating to the merger:

**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:
N & M MAGOWAN, L.P.	<small>DocuSigned by</small> 	Nina Magowan, Trustee of the Nina Magowan Descendant's Exempt Trust c/u Hilda Solomon Declaration of Revocable Trust u/a/d 5/20/83
N & M MAGOWAN, L.P.	<small>DocuSigned by</small> 	Mark Magowan

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