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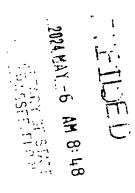
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Special Instructions to Filing Officer:				
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Office Use Only

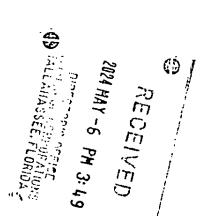


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A. RAMSEY MAY 7.2024



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(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

05/06/2024

Da	05/06/2024 Acc#12016000072	MI
	Acc#I20160000072	V
Name:	N & M MAGOWAN, L.P.	
Document #:		
Order #:	15493630 - 6	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:	Country of Destination: Number of Certs:	
Filing: Availability Document	Certified: Email Address for Plain: COGS: Amount: \$ 105.00	or Annual Report Notifications:
Examiner Updater Verifier W.P. Verifier Ref#		

Thank you!

Certificate of Merger For AN 8: 48 Florida Limited Partnership or Limited Liability Limited Partnership

FILED

HE PART OF STATE.

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>Jurisdiction</u>	Form/Entity Type
NEW YORK	LP
FLORIDA	LP
	_
ty type, and jurisdiction	n of the <u>surviving</u> party are
Jurisdiction	Form/Entity Type
FLORIDA	LP
	NEW YORK FLORIDA Ity type, and jurisdiction Jurisdiction

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.

<u>FIFTH</u> : If the survivi	ing party is a fo	oreign organi	zation not qu	ialified to tra	nsact busir	iess
in this state, the street	address and ma	ailing addres	s of an office	which the F	lorida	
Department of State m						
Street address:						
					· · ·	
Mailing address:						
C						
		.				
					<u> </u>	

<u>SIXTH:</u> 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.	(m. 97705-	Nina Magowan, Trustee of the Nina Magowai
	1	Descendant's Exempt Trust c/u Hilda Solomon Declaration of Revocable Trust u/a/d 5/20/83
N & M MAGOWAN, L.P.	- Constituted by Hard Hagawan	Mark Magowan

Fees: Filing Fees:

\$52.50 Per Party

Certified Copy: Certificate of Status: \$8.75 (Optional)

\$52.50 (Optional)