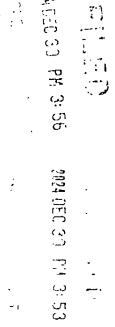
## A2400000657

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |

Office Use Only



800441599708



word

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 863446 4328337

AUTHORIZATION :

COST LIMIT : \$ 52.50

ORDER DATE: December 30, 2024

ORDER TIME : 11:39 AM

ORDER NO. : 863446-005

CUSTOMER NO: 4328337

ARTICLES OF MERGER

TAMIAMI WHITE PLAINS LTD.

INTO

MACE INVESTMENT I, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

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

## **COVER LETTER**

| TO:                      | Amendment Section Division of Corporations       |                    |                   |                           |
|--------------------------|--|--------------------|-------------------|---------------------------|
|                          | TAMIAMI WHITE PLAINS LTD.                        |                    |                   |                           |
| SUB.                     | JECT:  |                    |                   |                           |
|                          | Name of Si                                       | urviving Party     |                   |                           |
| The e                    | nclosed Certificate of Merger and fee(           | s) are submitted   | I for filing.     |                           |
| Pleas                    | e return all correspondence concerning           | this matter to:    |                   |                           |
| Raine                    | r Filthaut                                       |                    |                   |                           |
|                          | Contact Person                                   |                    | -                 |                           |
| IRC II                   | NVESTOR SERVICES LLC                             |                    |                   |                           |
|                          | Firm/Company                                     |                    | -                 |                           |
| 3838                     | Tamiami Trail N., Suite 416                      |                    |                   |                           |
|                          | Address  |                    | _                 | 2024 EE C                 |
| Naple                    | es, Florida 34103                                |                    |                   |                           |
|                          | City, State and Zip Code                         |                    | -                 | . CJ                      |
| rainer                   | @inter-realty.com                                |                    |                   | ⊒.<br>ડે <sup>મ</sup> ે હ |
| l                        | E-mail address: (to be used for future annual re | port notification) | -                 | 7                         |
| For fi                   | urther information concerning this mat           | ter, please call:  |                   |                           |
| Felix                    | Mehler   | 239<br>_ at (      | 390-1908          |                           |
|                          | (Name of Contact Person)                         | (Area Code         | e and Daytime Tel | ephone Number)            |
|                          | Certified copy (optional) \$52.50                |                    |                   |                           |
|                          | Mailing Address:                                 |                    | Address:          |                           |
|                          |  |                    | Iment Section     |                           |
| Division of Corporations |  |                    | on of Corporation |                           |
|                          | P.O. Box 6327                                    |                    | entre of Tallahas |                           |
|                          | Tallahassee, FL 32314                            |                    | l. Monroe Stree   |                           |
|                          |  | Tallaha            | assee, FL 32303   | i                         |

## 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.

<u>FIRST</u>: The exact name, form/entity type, and jurisdiction for each <u>merging</u> party are as follows:

| <u>Name</u>   | <u>Jurisdiction</u>         | Form/Entity Type                    |  |
|---|-----------------------------|-------------------------------------|--|
| MACE INVESTMENT I, LLC                                    | Florida                     | Limited Liability Co. L22000409915  |  |
| TAMIAMI WHITE PLAINS LTD.                                 | Florida                     | Limited Partnership A 2 4000000 68  |  |
| SECOND: The exact name, form/enas follows:                | tity type, and jurisdiction | n of the <u>surviving</u> party are |  |
| <u>Name</u>   | <u>Jurisdiction</u>         | Form/Entity Type                    |  |
| TAMIAMI WHITE PLAINS LTD.                                 | Florida                     | Limited Partnership                 |  |
| THIRD: The date the merger is effe<br>surviving party is: | ,                           | g laws of the                       |  |
| (NOTE: If survivor is a Florida limi                      | ted nartnership or limited  | d liability limited                 |  |

(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 surv      | iving party is a fo | reign organizati | on not qualified to | transact business |
|-------------------------|---------------------|------------------|---------------------|-------------------|
| in this state, the stre |                     |                  |                     |                   |
| Department of State     |                     | ~                |                     |                   |
| 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 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<br>Name of Individual: |  |
|-------------------------------------|--|---|--|
| MACE INVESTMENT I. LLC              | Rainer N. Filthaut   | By:Rainer Filthaut, MGR                 |  |
|                                     | 58D6FC9EFE48405  |   |  |
|                                     |  |   |  |
|                                     |  |   |  |
|                                     |  |   |  |
| By: Tamiami GP LLC, its sole Gen. F | 1''1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   | By: Aren van Dam                        |  |
|                                     | On Grand Control Contr | By: Elisha Evers                        |  |
|                                     | C3796EFD17DD475 .  |   |  |
| <u> </u>                            | <u>.                                    </u>   |   |  |
|                                     |  |   |  |

Fees: Filing Fees:

\$52.50 Per Party

Certified Copy:

\$52.50 (Optional)

Certificate of Status: \$8.75 (Optional)