

A29859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

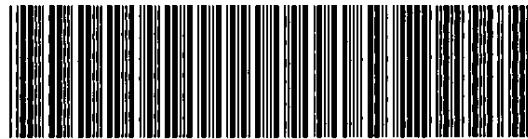
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

JUL 20 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KEELEY MURPHY HOLDINGS LLC
Name of Surviving Party

The enclosed Certificate of Merger and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

NANCY A. GOUGH

Contact Person

KEELEY MURPHY HOLDINGS LLC

Firm/Company

2109 EL RANCHO LANE

Address

ROCKFORD, IL 61107

City, State and Zip Code

inherneter@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TERRY D. ANDERSON

(Name of Contact Person)

at (815)

987-8963

(Area Code and Daytime Telephone Number)

☐ Certified copy (optional) \$52.50

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

**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>
The Second Gerald M. Magnuson Family Limited Partnership ⁺	Florida	LP A29855
Keeley Murphy Holdings LLC	Illinois	LLC
_____	_____	_____
_____	_____	_____

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>
Keeley Murphy Holdings LLC	Illinois	LLC

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

(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: 2109 EI RANCHO LANE, ROCKFORD, IL 61107

Mailing address: 2109 EI RANCHO LANE, ROCKFORD, IL 61107

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

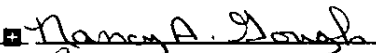
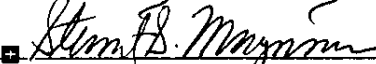


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SEVENTH: Signature(s) for Each Party:

(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:
The Second Gerald M. Magnuson Family Limited Partnership		Nancy A. Gough
The Second Gerald M. Magnuson Family Limited Partnership		Stewart S. Magnuson
Keeley Murphy Holdings LLC		Nancy A. Gough
Keeley Murphy Holdings LLC		Stewart S. Magnuson

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

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