

A94000000592

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

APR 12 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crouse Family Limited Partnership,
a North Carolina limited partnership
Name of Surviving Party

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

Please return all correspondence concerning this matter to:

Bradford B. Gornto, Esq.

Contact Person

Gornto & Gornto, P.A.

Firm/Company

444 Seabreeze Blvd., Suite 200

Address

Daytona Beach, FL 32118

City, State and Zip Code

brad@gorntolaw.com

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

For further information concerning this matter, please call:

Bradford B. Gornto, Esq.

(Name of Contact Person)

at (386)

257-1899

(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>
<u>Crouse Family Limited Partnership</u>	<u>Florida</u>	<u>Limited Partnership</u>
_____	_____	<u>A97000000592</u>
_____	_____	_____
_____	_____	_____

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>Crouse Family Limited Partnership</u>	<u>North Carolina</u>	<u>Limited Partnership</u>

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

(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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TALLAHASSEE, FLORIDA

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: 19 Matilda Street
Maggie Valley, NC 28751

Mailing address: 19 Matilda Street
Maggie Valley, NC 28751

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:
Crouse Family Limited Partnership, (a FL limited partnership)	<i>Carl Crouse</i>	Carl Crouse, General Partner
_____	_____	_____
_____	_____	_____

Crouse Family Limited Partnership, (a NC limited partnership)	<i>Carl Crouse</i>	Carl Crouse, General Partner
_____	_____	_____
_____	_____	_____

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

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