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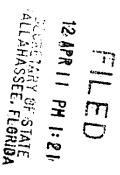
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D. BRUCE APR 1 2 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
Crouse Family Limited Partners	ship,	
SUBJECT: a North Carolina limited partr		
Name of Surviving 1	Party	
The enclosed Certificate of Merger and fee(s) are so	abmitted for filing.	
Please return all correspondence concerning this ma	atter to:	
Bradford B. Gornto, Esq.		
Contact Person		
Gornto & Gornto, P.A.		
Firm/Company		
	·*·u	
444 Seabreeze Blvd., Suite 200	巻 	
Address	55	
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	APRIL PH 1: 2	
Daytona Beach, FL 32118		
City, State and Zip Code	E S	
	© 	
brad@gorntolaw.com	©m =	
E-mail address: (to be used for future annual report noti	fication)	
For further information concerning this matter, plea	se call:	
Bradford B. Gornto, Esq. at (386) 257-1899	
	Area Code and Daytime Telephone Number)	
(Table of Collact Felson)	neu code and Daytine Telephone Number)	
Certified copy (optional) \$52.50		
STREET ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P. O. Box 6327	
2661 Executive Center Circle	Tallahassee, FL 32314	
Tallahassee, FL 32301		

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: Name <u>Jurisdiction</u> Form/Entity Type Crouse Family Limited Partnership Florida Limited Partnership **SECOND:** The exact name, form/entity type, and jurisdiction of the surviving party are as follows: Name Jurisdiction Form/Entity Type Crouse Family Limited Partnership North Carolina Limited Partnership **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.

<u>FIFTH:</u> 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:



$\underline{\textbf{SEVENTH:}} \ \ \text{Signature(s) for Each Party:}$

(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):	Name of Individual:		
Crouse Family Limited Partnershi	p, Carl Claim	<u>Carl Crouse,</u>	General	Partner
(a FL limited partnership)				
		_	·- ·-	
		_		
Crouse Family Limited Partnersh	ip Cent Crouse	Carl Crouse,	General	Partner
(a NC limited partnership)				

Fees: Filing Fees:

\$52.50 Per Party

Certified Copy:

\$52.50 (Optional)

Certificate of Status: \$8.75 (Optional)