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EXAMPLER

FREDERICK R. MACLEAN ANNE B. MACLEAN CHRISTOPHER J. EMA W. THORNTON SCOTT* LÂURA G. MACLEAN BRIAN V. BERGMAN



OF COUNSEL
J. ALAN COX
TALLAHASSEE, FL

OF COUNSEL
ROBERT M. ARLEN
BOARD CERTIFIED
TAX ATTORNEY
DELRAY BEACH, FL

* ALSO ADMITTED IN KENTUCKY
** ALSO ADMITTED IN SOUTH CAROLINA

May 13, 2014

Division of Corporations Annual Report Filing P.O. Box 6327 Tallahassee, Florida 32314-6327

Re:

D.F. Smith Family, Ltd.

Document No. A95000001796

Gentlemen:

Enclosed please find a Certificate of Merger For a Florida Limited Partnership, and Check No. 300, in the amount of \$150.00, as the filing fee for same. Please process this payment appropriately.

Should you have any questions regarding this transmittal, please do not hesitate to contact me.

Very truly yours,

Karen E. Kennedy Legal Assistant

/kek

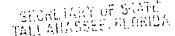
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Certificate of Merger For SECRETARY OF SEARCH ARY OF SEARC

The following Certificate of Merger is subn Statutes.	nitted in accordance	with s. 620.2108, Florida
FIRST: The exact name, form/entity type, follows:	and jurisdiction for	each merging party are as
<u>Name</u>	Jurisdiction	Form/Entity Type
VSPK Family Limited Partnership	Nevada	Limited Partnership
SECOND: The exact name, form/entity ty as follows:	•	of the <u>surviving</u> party are
Name A95000001794	Jurisdiction	Form/Entity Type
D.F. Smith Family, Ltd.	Florida	Limited Partnership
THIRD: The date the merger is effective usurviving party is: Date of Filing (NOTE: If survivor is a Florida limited party)	<u>-</u> ·	
partnership, effective date cannot be prior to document is filed by the Florida Department partnership or limited liability limited partnership or survivor's governing statute.)	o nor more than 90 of State. If surviv	days after the date this or is not a Florida limited

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:	N/A	
Mailing address:		
_		

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



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SECRETARY OF SIGHE TALLAHASSEF, FLORIDA

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:
VSPK Family Limited Partnership	Reportmin Not de	Peggy Norfleet
	00 S	General Partner
		
D.F. Smith Family, Ltd.	Cogo Smith house	Peggy Norfleet
	Sy Je	General Partner
	·····	

' **'**

Fees: Filing Fees:

\$52.50 Per Party

Certified Copy:

\$52.50 (Optional)

Certificate of Status:

\$8.75 (Optional)