





Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Note: DO	O NOT hit the REFRESH/RELOAD button on your browser from the Doing so will generate another cover sheet.	nis page	2019 بابار
To:	Division of Corporations Fax Number : (850)617-6380 Account Name : GASSMAN, CROTTY & DENICOLO, P.A. Account Number : 075350000514 Phone : (727)442-1200 Fax Number : (727)443-5829	ASA STUDIE	L 16 AH II: 06
а	the email address for this business entity to be used for f nnual report mailings. Enter only one email address please.**		S
2013 JUL 16 PM 4: 20	MERGER OR SHARE EXCHANGE Sidney Colen & Associates, Ltd. Certificate of Status Certified Copy Page Count Estimated Charge \$77.50		

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H19000215240

COVER LETTER

Division of Corporations	
SUBJECT: SIDNEY COLEN 8	ASSOCIATES, LTD.
	rviving Party
The enclosed Certificate of Merger and fee(s) are submitted for filing
The one losed Continuate of Menger and rect	s) are submitted for filling.
Please return all correspondence concerning	this matter to:
Alan S. Gassman, Esq.	
Contact Person	
Gassman, Crotty & Denico	olo, P.A.
Firm/Company	
1245 Court Street	
Address	·
Clearwater, FL 33756	
City, State and Zip Code	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this mat	ter, please call:
Carla Guidry	at (727) 442 -1 200
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Certified copy (optional) \$52.50	
STREET ADDRESS:	MAILING ADDRESS:
Amendment Section	Amendment 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.

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

<u>Name</u>	Jurisdiction	Form/Entity Type
KDC INVESTMENT HOLDINGS, L.L.C.	FLORIDA	LIMITED LIABILITY COMPANY
(Document Number L19000110639)		2019 C
		55 ≥ 1
SECOND: The exact name, form/entity as follows:	type, and jurisdiction o	, —
Name	<u>Jurisdiction</u>	Form/Entity Type
SIDNEY COLEN & ASSOCIATES, LTD.	FLORIDA	LIMITED PARTNERSHIP
		A9700000860°
THIRD: The date the merger is effective	e under the governing l	aws 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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FIFTH: If the surv	 -	_		•	
in this state, the stree	et address an	d mailing a	ddress of an o	ffice which th	e Florida
Department of State	may use for	the purpose	cs of s. 620.21	.09(2), F.S., ar	e as follows:
		, -			
Street address:		_			<u> </u>
		<u></u>		- T- 18	
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 Name of Individual:
KDC INVESTMENT HOLDINGS, L.L.C.	// the	KENNETH D. COLEN,
		as Manager
	NAP	
SIDNEY COLEN & ASSOCIATES, LTD.	1 Com	KENNETH D. COLEN,
	· · ·	as President of SCA INVESTMENTS,
		INC., a Florida profit corporation,
		its General Partner

Fees: Filing Fees:

\$52.50 Per Party

Certified Copy:

\$52.50 (Optional)

Certificate of Status: \$8.75 (Optional)