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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : GASSMAN & ASSOCIATES, P.A.  
Account Number : 075350000514  
Phone : (727)442-1200  
Fax Number : (727)443-5829

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MERGER OR SHARE EXCHANGE  
ISLAND STYLING LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$105.00

Merger  
1a 3/21/14

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STATE OF FLORIDA

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**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>
ISLAND STYLING LIMITED PARTNERSHIP	FLORIDA	LIMITED PARTNERSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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>
ISLAND STYLING LIMITED PARTNERSHIP	COLORADO	LIMITED PARTNERSHIP
_____	_____	_____

**THIRD:** The date the merger is effective under the governing laws of the surviving party is: 05/08/2001

**(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: c/o J. RICHARD TREMAINE, ESQ., Registered Agent

320 Lincoln Avenue, 2nd Floor

Steamboat Springs, CO 80477

Mailing address: c/o J. RICHARD TREMAINE, ESQ., Registered Agent

P.O. Box 774525

Steamboat Springs, CO 80477

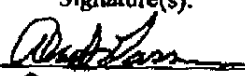
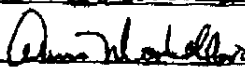
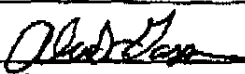
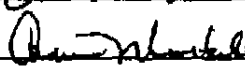
**SIXTH:** Other provisions, if any, relating to the merger:

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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:
ISLAND STYLING LIMITED PARTNERSHIP, -		ALAN S. GASSMAN, as Co-Trustee
a Florida limited partnership		ANNA MORTELLARO, as Co-Trustee
		of the Peter V. Mortellaro Living Trust
		Agreement dtd 8/20/97, as Amended
ISLAND STYLING LIMITED PARTNERSHIP, -		ALAN S. GASSMAN, as Co-Trustee
a Colorado limited partnership		ANNA MORTELLARO, as Co-Trustee
		of the Peter V. Mortellaro Living Trust
		Agreement dtd 8/20/97, as Amended

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

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