

A99000000139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

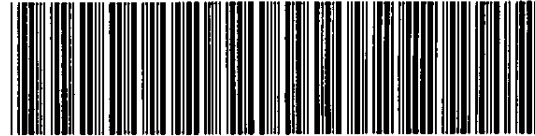
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
16 DEC 30 PM 3:29

JAN 08 2016
T. LEMIEUX

Margot

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 12/30/16
ACCT: I20160000072

en: c SW

Name:	<u>Orlando Vineland PO, L.P.</u>
Document #:	
Order #:	<u>10310219</u>

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

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	<u>Plain:</u>
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Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 105.00

Thank you!

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Orlando Vineland PO, L.P.

Name of Surviving Party

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

Please return all correspondence concerning this matter to:

Corporate Paralegal

Contact Person

Simon Property Group

Firm/Company

225 W. Washington St.

Address

Indianapolis, IN 46204

City, State and Zip Code

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

For further information concerning this matter, please call:

Jaymie McDougal

(Name of Contact Person)

at (317) 636-1600

(Area Code and Daytime Telephone Number)

☐ Certified copy (optional) \$52.50

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**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>
Orlando (Vineland) Exchange, LLC	Delaware	Limited Liability Company
_____	_____	_____
_____	_____	_____
_____	_____	_____

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>
Orlando Vineland PO, L.P.	Florida	Limited Partnership
_____	_____	_____

THIRD: The date the merger is effective under the governing laws of the surviving party is: December 31, 2016.

(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:

Mailing address:

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

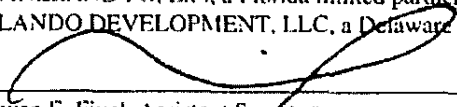
SEVENTH: Signature(s) for Each Party:

(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.)

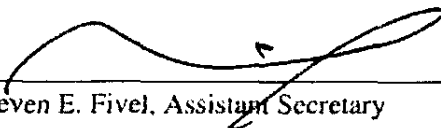
Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:
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ORLANDO VINELAND PO, L.P., a Florida limited partnership

By: S/C ORLANDO DEVELOPMENT, LLC, a Delaware limited liability company, its general partner

By: 
Steven E. Fivel, Assistant Secretary

ORLANDO (VINELAND) EXCHANGE, LLC, a Delaware limited liability company

By: 
Steven E. Fivel, Assistant Secretary

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