	(Requestor's Name)	
	(Address)	
	(Address)	
<del>-</del>	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
<u> </u>	(Business Entity Name)	
	(Dusiness Emity Walle)	
	(Document Number)	
Certified Copies	Certificates of St	atus
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# **CT CORP**

## 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

02/15/2022

Date:

	Acc#I20160000072
Name:	RD Town Village Walk, LLC
Document #:	
Order #:	14160840
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of	
Apostille/Notarial Certification:	Country of Destination:  Number of Certs:
Filing:	Certified:   Plain:  COGS:
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$ 90.00

Thank you!



February 16, 2022

CT CORP

CORRECTED
Please Allow For
Same File Date

SUBJECT: RD TOWN VILLAGE WALK, LLC

Ref. Number: L18000232362

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

As a condition of a merger, pursuant to s.605.0212(8) and/or s.607.1622 (8), Florida Statutes, each party to the merger must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the articles of merger are submitted for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist III

Letter Number: 122A00003789



#### **COVER LETTER**

COVEREDITIES					
TO: Amendment Section Division of Corporations					
SUBJECT: Fort Myers Multifamily II DST					
Name of Surviving Party	-				
The enclosed Certificate of Merger and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to:					
Kathi Newell, Paralegal					
Contact Person					
Firm/Company					
2901 Butterfield Road					
Address					
Oak Brook, Illinois 60523					
City, State and Zip Code					
newell@inlandgroup.com  E-mail address: (to be used for future annual report notification)					
·					

For further information concerning this matter, please call:

Kathi Newell, Paralegal

at (000 )210 oc

Name of Contact Person Area Code Daytime Telephone Number

Certified copy (optional) \$30.00

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

CR2E080 (2/14)

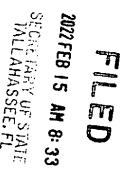
### Articles of Merger For Florida Limited Liability Company

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 605.1025. 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
RD Town Village Walk, LLC	Florida	Limited liability company
	<del></del>	
SECOND: The exact name, form/entity type,	and jurisdiction of the surviving pa	rty are as follows:
Name	Jurisdiction	Form/Entity Type
Fort Myers Multifamily II DST	Delaware	Delaware statutory trust

THIRD: The merger was approved by each domestic merging entity that is a limited liability company in accordance with ss.605.1021-605.1026; by each other merging entity in accordance with the laws of its jurisdiction; and by each member of such limited liability company who as a result of the merger will have interest holder liability under s.605.1023(1)(b).



<u>FOUF</u>	RTH: Please check one of the box	es that ar	ply to surviving er	ntity: (if applicable)					
	This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.								
	This entity is created by the merg	ger and is	a domestic filing e	entity, the public orga	anic record is attacl	ned.			
	This entity is created by the merger and is a domestic limited liability limited partnership or a domestic limited liability partnership, its statement of qualification is attached.								
	This entity is a foreign entity that does not have a certificate of authority to transact business in this state. The mailing address to which the department may send any process served pursuant to s. 605.0117 and Chapter 48. Florida Statutes is:								
ss.605. <u>SIXTI</u>	1: This entity agrees to pay any months. 1006 and 605.1061-605.1072. F.S. 1: If other than the date of filing. If the date this document is filed	the delaye	ed effective date of	the merger, which c					
as the o	If the date inserted in this block do document's effective date on the D NTH: Signature(s) for Each Party	epartmen	it of State's records		Typed or Printed	i			
	of Entity/Organization:		Signature(s):  DocuSigned by:		Name of Individua				
Mergin	ng Entity: RD Town Village Walk, LI	.C	Joseph Binde	r	Joseph E. Binder				
			B15710E8CC154B0		member of signa of sole member	tory trustee			
Surviv	ring Entity: Fort Myers Multifamil	y II DST	Docusigned by:  Joseph Bin de  B15710E8CC154B3	<u>r</u>	Joseph E. Binder member of signa	r, EVP of sole			
Genera Florida Non-Fl	al partnerships: a Limited Partnerships: dorida Limited Partnerships:	( <i>If no dire</i> Signature Signature Signature	ctors selected, sign	r					
Fees:	For each Limited Liability Comp For each Limited Partnership: For each Other Business Entity:	any;	\$25.00 \$52.50 \$25.00	For each Corpor For each Genera Certified Copy	il Partnership:	\$35.00 \$25.00 \$30.00			