

J68995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300238520463

08/22/12--01001--009 \*\*87.50

RECEIVED  
12 AUG 21 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 AUG 21 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

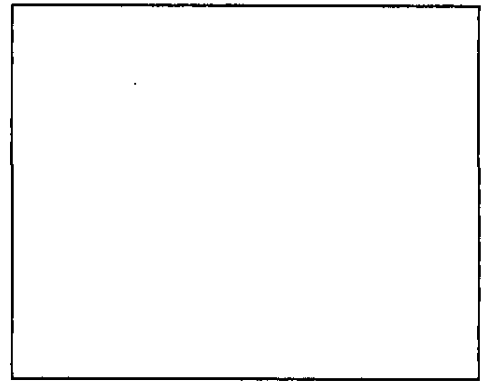
APPROVED  
AND  
FILED

D. BRUCE

AUG 22 2012

EXAMINER

FLORIDA RESEARCH & FILING SERVICES, INC.  
1211 CIRCLE DRIVE  
TALLAHASSEE, FL 32301  
PHONE (850)656-6446



OFFICE USE ONLY

WALK-IN

ENTITY NAME:

SIGN\*A\*RAMA, INC.

CK# 3775 FOR \$ 87.50

PLEASE FILE THE ATTACHED MERGER & RETURN THE FOLLOWING:

(( 2 )) CERTIFIED COPIES

\_\_\_ STAMPED COPY

\_\_\_ CERTIFICATE OF STATUS

12 AUG 21 AM 10: 23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

Examiner's Initials

**Articles of Merger  
For  
Florida Profit or Non-Profit Corporation**

The following Articles of Merger are submitted to merge the following Florida Profit and/or Non-Profit Corporation(s) in accordance with s. 607.1109 or 617.0302, 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>
Sign*A*Rama Inc.	Florida	Corporation
Moss Acquisitions, 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>
Sign*A*Rama Inc.	Florida	Corporation <b>J68995</b>

**THIRD:** The attached plan of merger was approved by each domestic corporation, limited liability company, partnership and/or limited partnership that is a party to the merger in accordance with the applicable provisions of Chapters 607, 608, 617, and/or 620, Florida Statutes.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 AUG 21 AM 10:23

APPROVED  
AND  
FILED

**FOURTH:** The attached plan of merger was approved by each other business entity that is a party to the merger in accordance with the applicable laws of the state, country or jurisdiction under which such other business entity is formed, organized or incorporated.

**FIFTH:** If other than the date of filing, the effective date of the merger, which cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State:

---

**SIXTH:** If the surviving party is not formed, organized or incorporated under the laws of Florida, the survivor's principal office address in its home state, country or jurisdiction is as follows:

---

---

---

**SEVENTH:** If the surviving party is an out-of-state entity, the surviving entity:

a.) Appoints the Florida Secretary of State as its agent for service of process in a proceeding to enforce any obligation or the rights of dissenting shareholders of each domestic corporation that is party to the merger.

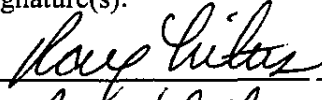

b.) Agrees to promptly pay the dissenting shareholders of each domestic corporation that is a party to the merger the amount, if any, to which they are entitled under s. 607.1302, F.S.

APPROVED  
AND  
FILED

12 AUG 21 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**EIGHTH:** Signature(s) for Each Party:

Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:
Sign*A*Rama Inc.		Ray Titus
Moss Acquisitions, LLC		Ray Titus

Corporations:	Chairman, Vice Chairman, President or Officer <i>(If no directors selected, signature of incorporator.)</i>
General Partnerships:	Signature of a general partner or authorized person
Florida Limited Partnerships:	Signatures of all general partners
Non-Florida Limited Partnerships:	Signature of a general partner
Limited Liability Companies:	Signature of a member or authorized representative

**Fees:** \$35.00 Per Party

**Certified Copy (optional):** \$8.75

APPROVED  
AND  
FILED

12 AUG 21 AM 10: 23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**PLAN OF MERGER**

**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>
Sign*A*Rama Inc.	Florida	Corporation
Moss Acquisitions, LLC	Delaware	Limited Limited 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>
Sign*A*Rama Inc.	Florida	Corporation

**THIRD:** The terms and conditions of the merger are as follows:

Moss Acquisitions, LLC will be merged into Sign\*A\*Rama Inc. which is the sole member of Moss Acquisitions. Upon completion of the merger, Sign\*A\*Rama Inc. will acquire all of the assets and assume all of the liabilities of Moss Acquisitions, LLC.

APPROVED  
AND  
FILED

12 AUG 21 AM 10: 23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*(Attach additional sheet if necessary)*

**FOURTH:**

A. The manner and basis of converting the interests, shares, obligations or other securities of each merged party into the interests, shares, obligations or others securities of the survivor, in whole or in part, into cash or other property is as follows:

Upon effectiveness of the merger, the membership interest of Sign\*A\*Rama Inc. in Moss

Acquisitions LLC will be cancelled.

---

---

---

---

---

---

---

---

---

---

*(Attach additional sheet if necessary)*

B. The manner and basis of converting the rights to acquire the interests, shares, obligations or other securities of each merged party into the rights to acquire the interests, shares, obligations or others securities of the survivor, in whole or in part, into cash or other property is as follows:

---

---

---

---

---

---

---

---

---

---

*(Attach additional sheet if necessary)*

12 AUG 21 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

**FIFTH:** If a partnership is the survivor, the name and business address of each general partner is as follows:

---

---

---

---

---

---

---

---

---

---

*(Attach additional sheet if necessary)*

**SIXTH:** If a limited liability company is the survivor, the name and business address of each manager or managing member is as follows:

---

---

---

---

---

---

---

---

---

---

*(Attach additional sheet if necessary)*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 AUG 21 AM 10: 23

APPROVED  
AND  
FILED



**SEVENTH:** Any statements that are required by the laws under which each other business entity is formed, organized, or incorporated are as follows:

---

---

---

---

---

---

---

---

---

---

*(Attach additional sheet if necessary)*

**EIGHTH:** Other provision, if any, relating to the merger are as follows:

---

---

---

---

---

---

---

---

---

---

*(Attach additional sheet if necessary)*

APPROVED  
AND  
FILED

12 AUG 21 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA