

**LD3000037526**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**To:**

Division of Corporations  
Fax Number : (850) 617-6380

**From:**

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 678-5368

*Please check  
on this sent  
3/9 @ 4:01 pm  
See 2nd pg*

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**\*RE-SUBMIT\***

**MERGER OR SHARE EXCHANGE  
SSAC, LLC**

*Please retain original filing  
date of submission 3/9/10*

Certificate of Status	0
Certified Copy	0
Page Count	08
Estimated Charge	\$60.00

**C. LEWIS****MAR 15 2010****EXAMINER**

# TRANSMISSION VERIFICATION REPORT

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DATE, TIME 03/09 16:00  
 FAX NO./NAME 6176300  
 DURATION 00:00:56  
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3/9/2010

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## SSAC, LLC MERGER OR SHARE EXCHANGE

Email Address:

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Account Name : C I CORPORATION SYSTEM  
 Account Number : PCA000000021  
 Phone : (850) 222-1052  
 Fax Number : (850) 878-5368

From:

Division of Corporations  
 Fax Number : (850) 617-6380

To:



March 15, 2010

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: SSAC, LLC  
REF: W10000012740

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refax the document and cover sheet to this office for processing.

Document must have signatures of both parties.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

FAX And. #: H10000053998  
Letter Number: 710A00006271

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2010 MAR 15 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Arcadia Products, Inc.  
Name of Surviving Party

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

Please return all correspondence concerning this matter to:

Kristi Lehman

Contact Person

Arcadia Resources, Inc.

Firm/Company

9229 Delegates Row, Suite 260

Address

Indianapolis, IN 46240

City, State and Zip Code

klehman@arcadiahealthcare.com

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

For further information concerning this matter, please call:

Kristi Lehman

Name of Contact Person

at ( 317 )

569-8234 x114

Area Code and Daytime Telephone Number



Certified copy (optional) \$30.00

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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

FILED

2010 MAR 9 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Certificate of Merger  
For  
Florida Limited Liability Company**

The following Certificate of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 608.4382, 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>
SSAC, LLC L03000037526	Florida	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>
Arcadis Products, Inc.	Delaware	Corporation

**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.

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TALLAHASSEE, FLORIDA

**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:

NA

**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:

Arcadia Products, Inc.

CORPORATION TRUST CENTER 1209 ORANGE STREET

WILMINGTON, DE 19801

**SEVENTH:** If the survivor is not formed, organized or incorporated under the laws of Florida, the survivor agrees to pay to any members with appraisal rights the amount, to which such members are entitled under ss.608.4351-608.43595, F.S.

**EIGHTH:** If the surviving party is an out-of-state entity not qualified to transact business in this state, the surviving entity:

a.) Lists the following street and mailing address of an office, which the Florida Department of State may use for the purposes of s. 48.181, F.S., are as follows:

Street address: Arcadia Health Care

9229 Delegates Row, Suite 260

Indianapolis, IN 46240

Mailing address: Arcadia Health Care

9229 Delegates Row, Suite 260

Indianapolis, IN 46240

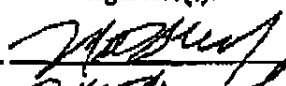
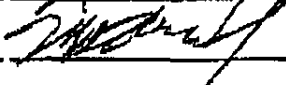
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TALLAHASSEE, FLORIDA

b.) Appoints the Florida Secretary of State as its agent for service of process in a proceeding to enforce obligations of each limited liability company that merged into such entity, including any appraisal rights of its members under ss.608.4351-608.43595, Florida Statutes.

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

Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:
SSAC, LLC		Matthew Middendorf, Secretary
Areadia Products, Inc.		Matthew Middendorf, Secretary

Corporations:	Chairman, Vice Chairman, President or Officer (If no directors selected, signature of incorporator.)
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

<b><u>Fees:</u></b> For each Limited Liability Company:	\$25.00
For each Corporation:	\$35.00
For each Limited Partnership:	\$52.50
For each General Partnership:	\$25.00
For each Other Business Entity:	\$25.00

<b><u>Certified Copy (optional):</u></b>	\$30.00
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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>
SSAC, LLC	Florida	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>
Arcadia Products, Inc.	Delaware	Corporation

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

See Attachment A

*(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 other securities of the survivor, in whole or in part, into cash or other property is as follows:

See Attachment A

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*(Attach additional sheet if necessary)*

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

not applicable

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*(Attach additional sheet if necessary)*

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

None

*(Attach additional sheet if necessary)*

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

None

*(Attach additional sheet if necessary)*

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TALLAHASSEE, FLORIDA

**Attachment A  
to the  
PLAN OF MERGER**

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

1. Arcadia Products, Inc. (the "Parent Company") shall merge SSAC, LLC, its wholly-owned subsidiary limited liability company (the "Subsidiary Company"), into itself and assume any of its obligations pursuant to the Florida Limited Liability Company Act.
2. The Certificate of Incorporation and the by-laws of the Parent Company as they shall exist on the effective date of this Agreement shall be and remain the Certificate of Incorporation and the by-laws of the surviving corporation until the same shall be altered, amended and repealed as therein provided.
3. The directors and officers of the Parent Company shall continue in office until the next annual meeting of stockholders and until their successors shall have been elected and qualified.
4. This merger shall become effective upon filing with the Secretary of State of Delaware and the Secretary of State of Florida:
5. Upon the merger becoming effective, any of the property, rights, privileges, franchises, patents, trademarks, licenses, registrations and other assets of every kind and description of the merged corporation shall be transferred to, vested in and devolve upon the Parent Company if applicable without further act or deed and all property, rights, and every other interest of the Parent Company and the Subsidiary Company shall be as effectively the property of the Parent Company as they were of the Parent Company and the Subsidiary Company respectively.

**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:

The Parent Company will promptly pay to the members of each Florida limited liability company or owners of any constituent other business entity the amount, if any, to which they may be entitled under any applicable statute relating to the right of members and owners to receive payment for their interest.