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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
L04-5549 / L04-5553 (Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
A. LUNT	
DEC 18 2012	
EXAMINER	

Office Use Only



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COVER	LETTER	
TO: Registration Section Division of Corporations		2 DEC 1
SUBJECT: HANNERS Name of Su	HTH UC urviving Party	TARY AND
The enclosed Certificate of Merger and fee(s	s) are submitted for filing.	F 20
Please return all correspondence concerning	g this matter to:	
PAUL HADLEY		
Contact Person Hamnes MITH, A Firm/Company	A NEVADA CORF	BRATTON
	BOW BLYD 252	>
LAS VEGAS NEWAC	DA 89107	
HAMMERSHITH 2319- E-mail address: (to be used for future annual of	13@ GMAIL COM report notification)	
For further information concerning this matt	ter, please call:	
PAUL LINDLEY Name of Contact Person	at (702) 838 850 Area Code and Daytime Telephone	Number
Certified copy (optional) \$30.00	2.2.	
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	

Certificate of Merger For Florida Limited Liability Company

			ACT ACT
	Merger is submitted to merge the coordance with s. 608.4382, Flor		rida Limited
FIRST: The exact name, for follows:	orm/entity type, and jurisdiction	for each mergin	ng party are as
Name	<u>Jurisdiction</u>	Form/En	tity Type
BLACKBEDR'	YHILL FARMS	FLA	LIC
BUE OPCI	1SRD	† _	LIC
SECOND: The exact name as follows:	e, form/entity type, and jurisdicti	on of the <u>surviy</u>	ring party are
Name	<u>Jurisdiction</u>	Form/Er	ntity Type
HAM MERSA	11HILL F	LA LL	
104-5555	- , ,		

<u>THIRD:</u> 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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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.

<u>FIFTH:</u> 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:

503 E CALL ST SEE FLA THE STATE OF THE STATE

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 entitles 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: HOMMERSMITH, AUGURD CORP

777 NORTH RAMBOW BLVD

LAS VEGAS NCV 89107

Mailing address: 777 NORTH PAINBOW BLYD 250

LAS VEGAS HEX 89107

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:

BLUE DECHARDS LLC SERRISON KEY

HAMMERSMITH LLC SERRISON KEY

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

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Certified Copy (optional):

\$30.00

PLAN OF MERGER

FIRST: The exa	ct name, form/en	tity type, and	1 jurisdicti	ion for ea	ch <u>mergin</u>	g party are as	
follows: Name		<u>Ju</u>	ırisdiction		Form/En	tity Type	
BLACK	BEIZRY L	JILL FO	ARM	علا	FU	LIC	
BLUE	GRCMAN				ŦĻA	ue	
	•					2 PAC	area year
						25 F	
					-		
SECOND: The as follows:	exact name, form	/entity type,	and jurisd	liction of	the <u>surviv</u>	ing party are	
Name		<u>Ju</u>	risdiction		Form/En	tity Type	
HAMMOLL	esm Tx		LLC		FLA	لار	
THIRD: The ter	ms and condition	s of the mer	ger are as	follows:			
ML 1	165	MERCE	<u>C</u> €£	IMTO	5 H	IAM MO	25MM2
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	(Anach	иииниопин SI	weet ij nec	essury)			

F	<u>O</u>	U	R	T	<u>H</u>	:

A. The manner and basis of converting the interests, shares, obligations or ot securities of each merged party into the interests, shares, obligations or others of the survivor, in whole or in part, into cash or other property is as follows:	
AMNHESMITH FOR DUST REPORT	INTO
	2 章12
(Attach additional sheet if necessary)	DEC L PH L
B. The manner and basis of converting <u>rights to acquire</u> the interests, shares, or other securities of each merged party into <u>rights to acquire</u> the interests, shobligations or others securities of the survivor, in whole or in part, into cash oppoperty is as follows:	obligations ares,
OF BLUE ORCHARDS & BLACKB	erry - Shydr
(Attach additional sheet if necessary)	

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(Attach additional sheet if necessary)	13.5
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H: Other provisions, if any, relating to the merger are as follows:	(V)
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HEYADA LAWS PREYAIL	4,554
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