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Office Use Only





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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Pam Prints LLC
(Name of Surviving Party)

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

Please return all correspondence concerning this matter to:

Diana K. Harrison

(Contact Person)

Pom Prints LLC

(Firm/Company)

304 Patricia Lane

(Address)

Fort Walfon Blach, FL 32547

(City, State and Zip Code)

For further information concerning this matter, please call:

Diana Harrism at (850) 582-4215
(Name of Contact Person) (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

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Certificate of Merger For Florida Limited Liability Company

SECRETARY OF STATE TALLAHASSEE. FLORIDA

The following Certificate of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 608.4382, Florida Statutes.

<u>FIRST:</u> The exact name, form/entity type, and jurisdiction for each <u>merging</u> party are as follows:

-0	<u>Name</u>		<u>Juri</u>	sdiction		Form/Entity Type	2
05-123630	Rober	t Sundani	ce fonti	ntuc	Florida	<u> </u>	
OR,							
				<u> </u>			
		·		···	п. г.	=	·
	SECOND: as follows:	The exact name,	form/entity	type, and ju	risdiction of	the <u>surviving</u> party	are
ر -	Name			sdiction		Form/Entity Type	į
- 1836p	fom	Prints,	LLC_	Flori	da	LLC	

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.

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:
January 4, 2006
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 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:
Mailing address:
2 of 6

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:

Signature(s): Name of Entity/Organization:

Typed or Printed Name of Individual:

Robert Sundance Pom Print uc Dianallame Pom Prints, LC Dianatharia

Corporations:

Chairman, Vice Chairman, President or Officer

(If no directors selected, signature of incorporator.) Signature of a general partner or authorized person

General partnerships:

Signatures of all general partners

Florida Limited Partnerships: Non-Florida Limited Partnerships:

Signature of a general partner

Limited Liability Companies:

Signature of a member or authorized representative

\$25.00 **Fees:** For each Limited Liability Company: For each Corporation: \$35.00

For each Limited Partnership: \$52.50 For each General Partnership: \$25.00 \$25.00 For each Other Business Entity:

\$30.00 Certified Copy (optional):

PLAN OF MERGER

Name	<u>Jurisdiction</u>	Form/Entity Type
Robert Sundance	fonting uc	uc
,	<u>, </u>	
SECOND: The exact name	, form/entity type, and jurisdiction	of the surviving party are
as follows: Name	<u>Jurisdiction</u>	Form/Entity Type
,		*
Pom Prints 1	10	110.
•	<u>LC</u>	
THIRD: The terms and cor	nditions of the merger are as follow	vs:
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THIRD: The terms and cor Complete mere into fom fr	nditions of the merger are as follow ger of Robert Sund into LLC. The	vs: <u>dance fomfints</u> L remaining

(Attach additional sheet if necessary)

	<u>FO</u>	U	R	I	H	:
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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:
* * * * * * * * * * * * * * * * * * *
Robert Sundance for frints, are now the
responsibility of form Prints, LLC
(Attach additional sheet if necessary)
B. The manner and basis of converting <u>rights to acquire</u> the interests, shares, obligations or other securities of each merged party into <u>rights to acquire</u> the interests, shares, obligations or others securities of the survivor, in whole or in part, into cash or other property is as follows: To fall merger; all rights convey to
fom Prints, LC
(Attach additional sheet if necessary)

					
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	ovisions, if any, relating	g to the merger	are as follows:		
TH: Other pro	ovisions, if any, relating	g to the merger	are as follows:		
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