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COVER LETTER

TO: Registration Section **Division of Corporations** SUBJECT: Tappi 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:

Bruce E. Lybrand

(Contact Person)

Tappi LLC

(Firm/Company)

27714 Lake Jem Road

(Address)

Mount Dora, Florida 32757

(City, State and Zip Code)

For further information concerning this matter, please call:

Debra L. Krause

(Name of Contact Person)

at (407) 451-5912 (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

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.

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

<u>Name</u>	Jurisdiction	Form/Entity Type
The Tappi Family Limited Partnership	Utah_	Limited Partnership
	not-qualified	
SECOND: The exact name, form/en as follows:	tity type, and jurisdiction of	the surviving party are
<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
Tappi LLC	Florida	Limited Liability Company
	LDG-259918	

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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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: The surviving party is a Florida entity.
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:
Tc.

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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:

The Tappi Family Limited Partnership

Patricia C/ Lybrand

Bruce E. Lybrand

Tappi LLC

Corporations:

Chairman, Vice Chairman, President or Officer

(If no directors selected, signature of incorporator.)

General partnerships:

Signature of a general partner or authorized person 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

Fees: 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

Certified Copy (optional): \$30.00

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PLAN OF MERGER

FIRST: The exact name, form/entity follows:	type, and jurisdiction for ea	ach merging party are as
Name	<u>Jurisdiction</u>	Form/Entity Type
The Tappi Family Limited Partnership	Utah	Limited Partnership
SECOND: The exact name, form/ent as follows: Name	tity type, and jurisdiction of <u>Jurisdiction</u>	the <u>surviving</u> party are Form/Entity Type
Tappi LLC	Florida	Limited Liability Company
THIRD: The terms and conditions of		
Tappi LLC shall be resp	onsible and liable	e for all the
obligations of The Tapp	i Family Limited F	Partnership.
All assets of The Tappi	Family Limited Pa	artnership will
become assets of Tapp	i LLC. The title to	all real estate
and other property, or a		
Tappi Family Limited Pa	artnership will ves	t in Tappi LLC
without reversion or imp	airment.	
(Attach ada	litional 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:
Each Partner's 50% interest in The Tappi Family Limited
Partnership will be converted into a 49% membership
interest in Tappi 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:
There are no rights to acquire outstanding.
(Attach additional sheet if necessary)

FIFTH: Any statements the entity is formed, organized,	at are required by the laws under which each other business or incorporated are as follows:
None.	•
	Att. I. additional Look (Concessions)
(4	Attach additional sheet if necessary)
OTEZTET. Other manifeliane	if any malatina to the management on an fallowing
	if any, relating to the merger are as follows:
None.	
	Attach additional sheet if necessary)

