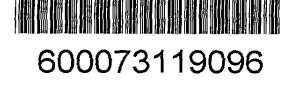
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COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: Aicirtap 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) Aicirtap 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 at (407) 451-5912
(Area Code and Daytime Telephone Number) (Name of Contact Person) Certified copy (optional) \$30.00 STREET ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations**

P. O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

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:

Name

<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
The Aicirtap Family Limited Partnership	Utah	Limited Partnership
	605-32	
SECOND: The exact name, form/er as follows:	ntity type, and jurisdiction of	the surviving party are
<u>Name</u>	Jurisdiction	Form/Entity Type
Aicirtap LLC	Florida	Limited Liability Company
	100-26003	

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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is a party to the merger in accordance with the applicable laws of the state, country jurisdiction under which such other business entity is formed, organized or incorporation.			
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:			
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:			
지			

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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 Aicirtap Family Limited Partnership

Tatyceal high

Patricia C. Lybrand

Bruce E. Lybrand

Aicirtap LLC

Corporations: Chairman, Vice Chairman, President or Officer

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

General partnerships:

Signature of all general partners

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: 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	ch merging party are as
Name	<u>Jurisdiction</u>	Form/Entity Type
The Aicirtap Family Limited Partnership	Utah	Limited Partnership
SECOND: The exact name, form/en	tity type, and jurisdiction of	the surviving party are
as follows: Name	<u>Jurisdiction</u>	Form/Entity Type
Aicirtap LLC	Florida	Limited Liability Company
THIRD: The terms and conditions o	f the merger are as follows:	
Aicirtap LLC shall be re	•	le for all the
obligations of The Aicirt	ap Family Limited	Partnership.
All assets of The Aicirta	p Family Limited I	Partnership will
become assets of Aicirt	ap LLC. The title	to all real estate
and other property, or a	ny interest thereir	, owned by The
Aicirtap Family Limited	Partnership will ve	est in Aicirtap LLC
without reversion or imp	airment.	
(Attach add	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 Aicirtap Family Limited
Partnership will be converted into a 49% membership
interest in Aicirtap 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)

None.	
(Attack additional chartifusperson)	
(Attach additional sheet if necessary)	
IXTH: Other provisions, if any, relating to the merger are as follows:	
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