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To:

Division of Corporations

850-245-6897

Fax Number

: (850)205-0380

From:

Account Name

: GASSMAN & ASSOCIATES, P.A.

Account Number: 075350000514

Phone

: (727)442-1200

Fax Number

: (727)443-5829

MERGER OR SHARE EXCHANGE

ROLIE ENTERPRISES, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 06 |
| Estimated Charge | \$105,00 |

03/19/2007 11:15

MAR. 19. 2007 10:28AM

Name

GASSMAN, BATES&ASSOC.

850-245-6897

Audit Fax # 407000709683

Form/Butity Type

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:

Jurisdiction

| 5731 12th Avenue, L.L.P. | Florida | Limited Liability Partnership |
|--|---------------------------|---|
| GP07-446 | | |
| | | |
| | | |
| SECOND: The exact name, form as follows: | ventity type, and jurisdi | ction of the <u>surviving</u> party are |
| Name | Jurisdiction | Form/Entity Type |
| ROLIE ENTERPRISES, LLC | FLORIDA | Limited Liability Company |
| L07-4378 | | |

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 Plorida, 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 sa.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:_

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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(a) for Each Party:

Name of Entity/Organization:

Signature(s):

Typed or Printed Name of Individual:

5731 12TH AVENUE, L.L.P.

_uxley F. Farrell

Luxley F. Farreli

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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NO. 6287 P. 5709633

PLAN OF MERGER

| follows: | Jurisdiction | Form/Entity Type |
|---|-----------------------------|-------------------------------------|
| 5731 12th Avenue, L.L.P. | Florida | Limited Liability Partnershi |
| | | |
| | | |
| SECOND: The exact name, form/e | ntity type, and jurisdictio | n of the <u>surviving</u> party are |
| as follows: Name | Jurisdiction | Form/Entity Type |
| ROLIE ENTERPRISES, LLC | Florida | Limited Liability Company |
| THIRD: The terms and conditions The constituent entities hereby a | - | |
| with and into the Surviving Enti | ty, and the Surviving E | intity shall be a single |
| entity. The Surviving Entity | shall be the entity co | ntinuing after the |
| merger, and the separate exi | stence of the Mergin | g Entity shall cease |
| on the effective date of this | Agreement. | |
| | | |
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| | | |
| (Attach as | lditional sheet if necessar | |

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NO. 6287 P. 6 HO70000 109653

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 each or other property is as follows:

Since the ownership interests of the Merging Entity are currently owned by the same parties and in the same proportion as the ownership interests in the Surviving Entity, no additional ownership interests need be issued by the Surviving Entity to reflect the ownership interest of the parties after the effective date. The certificates representing the ownership interests of the Merging Entity shall be surrendered and cancelled on the effective date. The ownership interests of the Surviving Entity shall be unaffected by the merger and shall continue to constitute all of the outstanding ownership interests in the Surviving Entity.

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

| Same a | s above. | | | · | |
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| | | | • | | | |
| H: Other provi | sions, if any, relati | | erger are as | follows: | · | |
| H: Other provi | sions, if any, relati | | | follows: | ======================================= | ر م |
| H: Other provi | sions, if any, relati | | | follows: | ALL | SECH PE |
| H: Other provi | sions, if any, relati | | | follows: | TALLAHA | SECKE LA |
| H: Other provi | sions, if any, relati | | | follows: | TALLAHASSE | SECRETARY. |
| H: Other provi | sions, if any, relati | | | follows: | TALLAHASSEE, T | SECRETARILLE |
| H: Other provi | | | | follows: | TALLAHA\$SEE FLY | SECRETARY OF STA |
| H; Other provi | | | | follows: | TALLAHA\$SEE, FLYWE | SECRETARY STATE |