

### Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

Effective Date 12/31/07

From:

Account Name : CORPORATE SERVICE BUREAU, INC.

Account Number : 120070000141

: (518)463-8550

Fai Number

: (518)463-3752

### MERGER OR SHARE EXCHANGE

SURGE ELECTRONIC MEDIA GROUP, LLC (NY LLC)

Certificate of Status	0
Certified Copy	1
Page Count	07
Estimated Charge	<del>\$113.75</del>
<del></del>	4.77

9120.00

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Effective Date 12|31|07

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## 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	Jurisdiction					
SURGE ELECTRONIC MEDIA GROUP, LLC	Florida	Limited Liability Company				
Lo700003	4556					
**************************************						
	-					
	<del> </del>					
SECOND: The exact name, form/er as follows:	ality type, and jurisdiction of	the <u>surviving</u> party arc				
<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type				
SURGE ELECTRONIC MEDIA GROUP LLC	New York	Limited Liability Company				

<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.

**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:

### December 31, 2007

**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:

195	Lakeviev	v Drive	, Hewleti	t, NY 1	11557	
	, ,					

<u>SEVENTH:</u> 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. 195 Lakeview Drive

	Hewlett, NY 11557	
Mailing address	s: 195 Lakeview Drive	
	Hewlett, NY 11557	
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b.) Appoints the Florida Sccretary 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:

Surge Electronic Media Group, LLC Adam Holland, Member

Surge Electronic Media Group, LLC

Adam Holland, Member

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: Non-Florida Limited Partnerships: Signatures of all general partners

Signature of a general partner

Limited Liability Companies:

Signature of a member or authorized representative

Fees:	For each	Limited	l 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

Name	<u>Jurisdiction</u>	Form/Entity Type
Surger Electronic Med	ia Group LLC Florida	
SECOND: The exact name,	orm/entity type, and jurisdiction	of the serviving party are
as follows: Name	Jurisdiction	Form/Fullity Type
	Group LLC New York	
	tions of the merger are as follov	
Each member of the Flo	ida ILC shall have the	same percentage
interests in the New Y	ork LLC as he or she div	d in the Florida LLC.
	·	

(Attach additional sheet if necessary

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all interests in the Florida LLC to the New York LLC and an operating agreement has been signed granting the required. membership interests in that New York LLC to each member of the Florida LLC

### (Altuch 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:

(Attach additional sheet if necessary)

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FIFTH: Any states	ments that are n	equired by the	e lews under whi is follows:	ch cach other	husiness
None					
SIXTH: Other prov			et if necessary) merger are as fo	llows:	
		77			
	(Attach a	ddisened shee	l if necessary)		

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