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MAR 24 2016 D CONNELL CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 074800 7121801

AUTHORIZATION

COST LIMIT : \$ 80.00

ORDER DATE: March 23, 2016

ORDER TIME : 4:18 PM

ORDER NO. : 074800-010

CUSTOMER NO: 7121801

ARTICLES OF MERGER

L&P CAPITAL, LLC

INTO

PRESS COMMUNICATIONS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender - EXT. 62956

EXAMINER'S INITIALS:

COVER LETTER

TO:	Amendment Section Division of Corporations			
SHRI	ECT: PRESS COMMUNICATIONS, LL	LC		
зоро	ECI.	Name o	of Surviving	Party
The er	nclosed Certificate of Merger and fee(s) are submitt	ed for filing.	
Please	return all correspondence concerning	this matter to):	
	Contact Person			
	Firm/Company			
	Address			
	City, State and Zip C	ode	 	
Donna	aH@pcllcradio.com			
	E-mail address: (to be used for future	annual repo	rt notificatior	<u>)</u>
For fu	orther information concerning this matte		1:	
	Name of Contact Person	at (Area Code	e Daytime Telephone Number
☑	Certified copy (optional) \$30.00			
Amen Divisi Clifto 2661	EET ADDRESS: Idment Section Ion of Corporations In Building Executive Center Circle		MAILING A Amendment Division of C P. O. Box 63 Tallahassee,	Section Corporations 27

CR2E080 (2/14)

Articles of Merger For Florida Limited Liability Company

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 605.1025, Florida Statutes.

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

Name	<u>Jurisdiction</u>	Form/Entity Type
L&P CAPITAL, LLC	FLORIDA	LLC
SECOND: The exact name, form/entity	type, and jurisdiction of the sur	viving party are as follows:
Name	<u>Jurisdiction</u>	Form/Entity Type
PRESS COMMUNICATIONS, LLC	DELAWARE	LLC

THIRD: The merger was approved by each domestic merging entity that is a limited liability company in accordance with ss.605.1021-605.1026; by each other merging entity in accordance with the laws of its jurisdiction; and by each member of such limited liability company who as a result of the merger will have interest holder liability under s.605.1023(1)(b).

FOUR	TH: Please check one of the l	boxes that a	pply to surviving en	tity: (if applicable)			
0	This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.						
0	This entity is created by the merger and is a domestic filing entity, the public organic record is attached.						
0	This entity is created by the merger and is a domestic limited liability limited partnership or a domestic limited liability partnership, its statement of qualification is attached.						
Ø	This entity is a foreign entity that does not have a certificate of authority to transact business in this state. The mailing address to which the department may send any process served pursuant to s. 605.0117 and Chapter 48, Florida Statutes is:						
	1329 CAMPUS PARKWAY, N	EPTUNE, N.	07753		,		
SIXTI days at The eff	1006 and 605.1061-605.1072, 14: If other than the date of filing ter the date this document is filective date is: 11:59 P.M., MAR	F.S. ng, the delay led by the Fl CH 31, 2016 k does not me e Department	ed effective date of orida Department of the applicable s	tatutory filing requirements, this	ior to nor more than 90 s date will not be listed		
	APITAL, LLC		£111	Eric Mic	chaels, Authorized Person		
PRESS	COMMUNICATIONS, LLC		- EJA	Eric Mid	chaels, Authorized Person		
Florida Non-F	ations: Il partnerships: Limited Partnerships: orida Limited Partnerships: d Liability Companies:	(If no dir Signature Signature Signature	ectors selected, sig	er			
Fees:	For each Limited Liability Co For each Limited Partnership: For each Other Business Entit	empany:	\$25.00 \$52.50 \$25.00	For each Corporation: For each General Partnersh Certified Copy (optional):			

COVER LETTER

TO:	Amendment Section Division of Corporations			
SHRI	ECT: PRESS COMMUNICATIONS, LL	.C		
ос во	EC1.	Name	of Surviving Pa	rty
The en	nclosed Certificate of Merger and fee(s)) are submit	ted for filing.	
Please	e return all correspondence concerning	this matter t	0:	
	Contact Person			
<u></u>	Firm/Company			
	Address			
	City, State and Zip C	ode		
Donna	aH@pcllcradio.com			
	E-mail address: (to be used for future	annual repo	ort notification)	_
For fu	orther information concerning this matte	er, please ca	11:	
		at ()	David Talada Nambar
	Name of Contact Person		Area Code	Daytime Telephone Number
Ø	Certified copy (optional) \$30.00			
Amen Divisi Clifto 2661	EET ADDRESS: Independent Section It is in of Corporations In Building Executive Center Circle In assee, FL 32301		MAILING AD Amendment Se Division of Cor P. O. Box 6327 Tallahassee, FL	ection rporations

CR2E080 (2/14)