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SECRETARY OF STATE

T. CLINE

MAY 15 2008

EXAMINER

COVER LETTER

TO: Registration Section	
Division of Corporations	70 1/ 1 0.11
	ctions Vacation Rentals 22
(Name of Si	urviving Party)
The enclosed Certificate of Merger and fee(s	s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Rex Anderson	
Sunset Lestection	s Vacation Lentels LLC
9540 CAPE SAW	BLAS RD
PORT ST. JOES	te 32496
(City, State and Zip Cede)	
For further information concerning this matter Rex Anderson (Name of Contact Person)	er, please call: at (850) 227 - 566 (Area Code and Daytime Telephone Number)
Certified copy (optional) \$30.00	MAILING ADDRESS:
STREET ADDRESS: Registration Section	MAILING ADDRESS:
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
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	Jurisdiction	Form/Entity Type
Junget Kestection	ms Vacation Kentals Inc.	. Fe Corporation.
SECOND: The exact as follows:	t name, form/entity type, and jurisdic	ction of the <u>surviving</u> party are
<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
set Reflection	as Vacation Restals L	IC FL LLC
THIDD. The second	Autor of more and a second	2008 SEC
limited liability compa	d plan of merger was approved by ea any, partnership and/or limited partne	ership that is a party to the
merger in accordance 620, Florida Statutes.	with the applicable provisions of Cha	m~
•		AHIO: 4
	1 of 6	

is a party to the merger in accordance with the applicable laws of the jurisdiction under which such other business entity is formed, organ	e state, country or
FIFTH: If other than the date of filing, the effective date of the me prior to nor more than 90 days after the date this document is filed be Department of State:	
SIXTH: If the surviving party is not formed, organized or incorpor Florida, the survivor's principal office address in its home state, cou as follows:	
SEVENTH: If the survivor is not formed, organized or incorporate	
Florida, the survivor agrees to pay to any members with appraisal rigwhich such members are entitles under ss.608.4351-608.43595, F.S.	
EIGHTH: If the surviving party is an out-of-state entity not qualificusiness in this state, the surviving entity:	ed to transact
a.) Lists the following street and mailing address of an office, which Department of State may use for the purposes of s. 48.181, F.S., are	
Street address:	2008 MA' SHCRE TAILLAH
	HAY 9 AHASS
	AM AM
Mailing address:	AM IO: 45 OF STATE E, FLORIDA
2 of 6	

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:

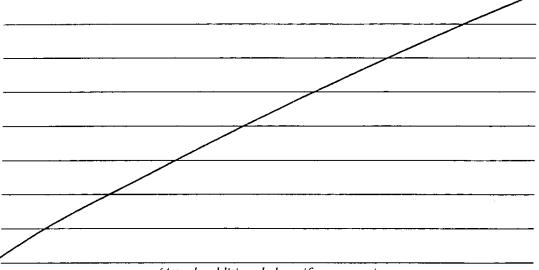
Name of Entity/Organization:	Signaturc(s):	Typed or Printed Name of Individual:
Reflections Vacation A	Subs Inc	Hue Au to The Kex
Restations Vacation Restation Restation R	entals uc J	testing Rex.
Corporations:	·	man, President or Officer d, signature of incorporator.)
General partnerships: Florida Limited Partnerships:	Signature of a general Signatures of all general	partner or authorized person al partners
Non-Florida Limited Partnerships: Limited Liability Companies:	Signature of a general particle Signature of a member	partner or authorized representative
Fees: For each Limited Liability (Company: \$25.00	
For each Corporation:	\$35.00	
For each Limited Partnershi	p: \$52.50	75.0
For each General Partnershi	p: \$25.00	SEC
For each Other Business En	tity: \$25.00	CRETAR AHASS
	\$30.00	m̃≺

PLAN OF MERGER

<u>FIRST:</u> T follows:	The exact name, form/entity ty	pe, and jurisdiction for	each merging party are as	
Name		<u>Jurisdiction</u>	Form/Entity Type	
unet Respection	y Vecation Routels	Inc. Fr	Corporation	_
A State				
De Brech				
		 		
SECOND.	The avect name form/ontitu	tume and invided ation a	£41	
as follows:	The exact name, form/entity	type, and jurisdiction (of the surviving party are	
Name		Jurisdiction	Form/Entity Type	
unset Restec	tions Vacation Revi	as uc R	LLC	
THIRD: T	he terms and conditions of the	e merger are as follows	:	
Corpo	cate shareholde	ws shall h	ave membership	0
			, ,	
perc	entages equa	i to men	- per censage	
ot:	shaves in the	COVPAYA	tion.	
The		7,	,	
- Ine	corporation	will exec	ute any docu	MOUL
nece	essary to p	Sect this	transfer Ewith	127
20	1 S Hill	p Pertius	A La AN	_ J
	days of the	E PACTIVE	date of the	
mer	ger.		AM IO:	Same and a
				* K. 1.18**
	(Attach addition	nal sheet if necessary)		
	(гишен айшин)	iui sneet ij 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:



(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:

