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SECRETARY OF STATE
TALLAHASSEF, FISHE

D. BRUCE

JAN 06 2009

**EXAMINER** 

### JOSEPH A. TROIANO, ESQ., PA

A PROFESSIONAL ASSOCIATION

12800 UNIVERSITY DRIVE, SUITE 380 FORT MYERS, FL 33907 239.482.3998 DIRECT 239.823.5222 CELL PHONE 239.466.2866 FAX jat621@comcast.net

**December 31, 2008** 

#### PRIVATE AND CONFIDENTIAL

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

RE: SUNRISE HOLDINGS II, LLC

Dear Sir or Madam:

Enclosed for filing please find a Certificate of Merger and Plan of Merger for Sunrise Holdings II, LLC, a Florida limited liability company.

Also enclosed is our check in the amount of \$80.00 for the required filing fees and certified copy.

Please return the approved Certificate and Certified Copy to this office in the postage paid return envelope that we have provided.

Thank you for your assistance. Should you have any questions or require additional information, please feel free to contact me.

KIM

seph A. Troian<del>o, E</del>sc

For the Firm

JAT/bsb Enclosures

#### **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ	ECT: SUNRISE HOLDINGS II,	LLC		
	(Name of Surviv			
The e	nclosed Certificate of Merger and fee(s) ar	re submitted for filing.		
Please	return all correspondence concerning this	s matter to:		
JOS	EPH A. TROIANO, ESQ.			
	(Contact Person)			
JOS	EPH A. TROIANO, ESQ.		EE 60	
	(Firm/Company)			484
1280	00 UNIVERSITY DRIVE, SUITE	E 380	JAN-5 CRETARY LAHASSE	FR 3
-	(Address)	<del></del>	C 1	574
FOF	RT MYERS, FL 33907		PH 4:	
	(City, State and Zip Code)		31 RIDA	
For fu	rther information concerning this matter,	please call:		
JOS	EPH A. TROIANO, ESQ. at a	· 239 <sub>)</sub> 482		
	(Name of Contact Person)	(Area Code and Daytime Telephon	ne Number)	
<b>✓</b>	Certified copy (optional) \$30.00			
STRE	EET ADDRESS:	MAILING ADDRESS:		
	tration Section	Registration Section		
	on of Corporations	Division of Corporations		
	n 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.

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

<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
SEE ATTACHED STATEMENT		
		O9
***************************************		### A
		SE CO P
SECOND: The exact name, form/er as follows:	ntity type, and jurisdiction of	the <u>surviving</u> party ares
<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
SUNRISE HOLDINGS II, LLC	FL	LLC

<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.

<b>FOURTH:</b> 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 Florida, 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 ss.608.4351-608.43595, F.S.
<b>EIGHTH:</b> 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:
FST 4:3
Mailing address:

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:

**Certified Copy (optional):** 

	of Entity/Organization: ATTACHED STATEMENT	_	nature(s):	Typed or Printed Name of Individu		
Gener Florid Non-F	orations:  ral partnerships: la Limited Partnerships: Florida Limited Partnerships: ed Liability Companies:	(If no direct Signature of Sign	tors selected, so of a general part of all general p of a general par		ator.) rson	
Fees:	For each Limited Liability Coron each Corporation: For each Limited Partnership For each General Partnership For each Other Business Entited	: :	\$25.00 \$35.00 \$52.50 \$25.00 \$25.00	TALLAHASSEE, FLOR	09 JAN -5 PH 4:	7

\$30.00

#### PLAN OF MERGER

FIRST: The exact name, form/entity ty follows:	pe, and jurisdiction for e	each merging party are as
<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
SEE ATTACHED STATEMENT		
	1	
	<u> </u>	
-		
SECOND: The exact name, form/entity	y type, and jurisdiction o	f the <u>surviving</u> party are
as follows: Name	Jurisdiction	Form/Entity Type
SUNRISE HOLDINGS II, LLC	FL	LLC
SOUNISE HOLDINGS II, LEC	- I I	
THIRD: The terms and conditions of the	he merger are as follows	:
Effective as of the date of this	s merger, the merg	ging entities will be
merged into Sunrise Holdings		
surviving entity and with its a	<del>,</del>	
Surviving entity and with its a	iticies of organizat	don and operating
agreement being the docume	ents applicable to t	he merged entity
		09 12:50 12:50 13:50 14:
	*	75-77
		P.F.
(Attach additi	ional sheet if necessary)	95 +
	4 of 6	31 NDA

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ity is formed, organized, or incorporated are as	ionows.
(Attach additional sheet	it necessarv)
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TH: Other provisions, if any, relating to the n	nerger are as follows:
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#### STATEMENT FOR CERTIFICATE OF MERGER OF SUNRISE HOLDINGS I, LLC

**ARTICLE FIRST: CERTIFICATE OF MERGER** 

NAME OF MERGING ENTITY

**JURISDICTION** 

**ENTITY FORM** 

Sunrise Holdings 2400, LLC

Alaska

LLC

**ARTICLE NINTH: CERTIFICATE OF MERGER** 

NAME OF ENTITY

Sunrise Holdings II, LLC

Sunrise Holdings 2400, LLC

TYPED NAME OF INDIVIDUAL

Joseph A. Troiano, Manager

Joseph A. Troiano, Manager

**ARTICLE FIRST: PLAN OF MERGER** 

NAME OF MERGING ENTITY

**JURISDICTION** 

**ENTITY FORM** 

Sunrise Holdings 2400, LLC

Alaska

LLC

