

Jan 20 16 03:20p

Andrew J. Britton, P.A.

(941) 408-8008

p.1

Division of Corporations

Page 1 of 1

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : ANDREW J. BRITTON, P.A.
Account Number : I19990000131
Phone : (941) 408-8008
Fax Number : (941) 408-0722

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: alex_siquijor@yahoo.com

16 JAN 20 PM 2:25
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

MERGER OR SHARE EXCHANGE

COURTYARD ENTERPRISES OF PORT CHARLOTTE LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$58.75

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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LLC Merger

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Corporate Filing Menu

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JAN 21 2016

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COVER LETTER**TO:** Amendment Section
Division of Corporations**SUBJECT:** Courtyard Enterprises of Port Charlotte LLC_____
Name of Surviving Party

The enclosed Certificate of Merger and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Andrew J. Britton, Esq.

Contact Person

Andrew J. Britton, P.A.

Firm/Company

401 Johnson Lane

Address

Venice, FL 34285

City, State and Zip Code

alex_siquijor@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew J. Britton, Esq.

at (941) 408-8008

Name of Contact Person_____
Area Code_____
Daytime Telephone Number☐ Certified copy (optional) \$30.00**STREET ADDRESS:**Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301**MAILING ADDRESS:**Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

CR2E080 (2/14)

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**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:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
Courtyard Enterprises of Port Charlotte LLC	FL	LLC
ALPS Assisted Living, LLC	FL	LLC

SECOND: The exact name, form/entity type, and jurisdiction of the surviving party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
Courtyard Enterprises of Port Charlotte LLC	FL	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).

FILED
16 JAN 20 PM 1:25
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF HIGHLAND

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FOURTH: Please check one of the boxes that apply to surviving entity: (if applicable)

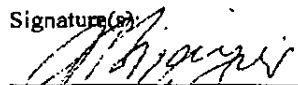
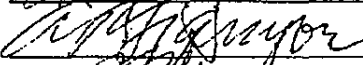
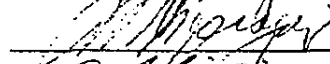

- ☒ This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.
- ☐ This entity is created by the merger and is a domestic filing entity, the public organic record is attached.
- ☐ This entity is created by the merger and is a domestic limited liability limited partnership or a domestic limited liability partnership, its statement of qualification is attached.
- ☐ 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:
- _____
- _____
- _____

FIFTH: This entity agrees to pay any members with appraisal rights the amount, to which members are entitled under ss.605.1006 and 605.1061-605.1072, F.S.

SIXTH: If other than the date of filing, the delayed 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:

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

SEVENTH: Signature(s) for Each Party:

Name of Entity/Organization:	Signature(s)	Typed or Printed Name of Individual:
Courtyard Enterprises of Port Charlotte LLC		Alex P. Siquijor
_____		Alan P. Siquijor
ALPS Assisted Living, LLC		Alex P. Siquijor
_____		Alan P. Siquijor

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:	Signatures of all general partners
Non-Florida Limited Partnerships:	Signature of a general partner
Limited Liability Companies:	Signature of an authorized person

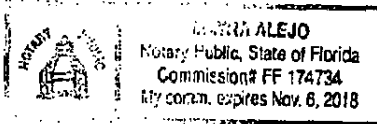
Fees: For each Limited Liability Company:	\$25.00	For each Corporation:	\$35.00
For each Limited Partnership:	\$52.50	For each General Partnership:	\$25.00
For each Other Business Entity:	\$25.00	<u>Certified Copy (optional):</u>	\$30.00

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STATE OF FLORIDA
COUNTY OF CHARLOTTE

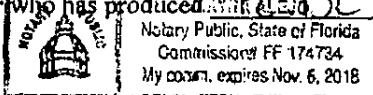
The foregoing instrument was acknowledged before me this 19 day of January, 2016,
by Alex P. Siquijor, Member, Courtyard Enterprises of Port Charlotte LLC, who is personally known to me
or who has produced RI DL as identification.

MAYRA ALEJO
Notary Public

Name Printed

My Commission Expires: NOV 6, 2018STATE OF FLORIDA
COUNTY OF CHARLOTTE

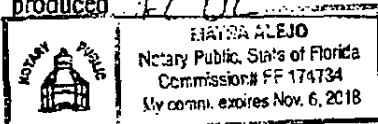
The foregoing instrument was acknowledged before me this 19 day of January, 2016,
by Alan P. Siquijor, Member, of Courtyard Enterprises of Port Charlotte LLC, who is personally known to
me or who has produced RI DL as identification.

MAYRA ALEJO
Notary Public

Name Printed

My Commission Expires: NOV 6, 2018STATE OF FLORIDA
COUNTY OF: CHARLOTTE

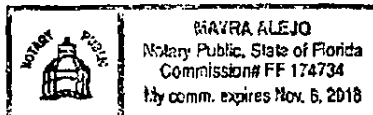
The foregoing instrument was acknowledged before me this 19 day of January, 2016,
by Alex P. Siquijor, Member, of ALPS Assisted Living, LLC, who is personally known to me or who has
produced RI DL as identification.

MAYRA ALEJO
Notary Public

Name Printed

My Commission Expires: NOV 6, 2018STATE OF FLORIDA
COUNTY OF CHARLOTTE

The foregoing instrument was acknowledged before me this 19 day of January, 2016,
by Alan P. Siquijor, Member, of ALPS Assisted Living, LLC, who is personally known to me or who has
produced RI DL as identification.

MAYRA ALEJO
Notary Public

Name Printed

(((H16000016408 3)))