

108000109662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

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Special Instructions to Filing Officer:

Merger

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

DEC 20 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOLUTIONS OF FLORIDA, A BENEFITS COMPANY, 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:

BRIDGET WEST

Contact Person

SOLUTIONS OF FLORIDA, A BENEFITS COMPANY

Firm/Company

500 HIBISCUS TRAIL

Address

MELBOURNE BEACH, FL 32951

City, State and Zip Code

BWEST70@CFL.RR.COM

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

For further information concerning this matter, please call:

BRIDGET WEST

Name of Contact Person

at (321)

507-5302

Area Code and Daytime Telephone Number

Certified copy (optional) \$30.00

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

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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:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
INSURANCE CASE MANAGEMENT L07000122333	FLORIDA	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>
solutions SOULTIONS OF FLORIDA, A BE L08000109662	FLORIDA	LLC

THIRD: 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:

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 entitled 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: _____

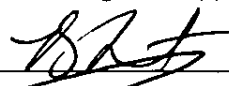
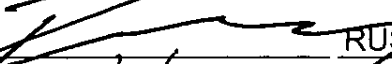

Mailing address: _____

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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:	Signature(s):	Typed or Printed Name of Individual:
INSURANCE CASE MANAGEM		BRIDGET L. WEST
SOLUTIONS OF FLORIDA, A B		RUSSELL CAMP
SOLUTIONS OF FLORIDA, A B		BRIDGET L. WEST

- 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 a member or authorized representative

<u>Fees:</u> 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

Certified Copy (optional): \$30.00

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PLAN OF MERGER

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>
INSURANCE CASE MANAGEM	FLORIDA	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>
SOLUTIONS OF FLORIDA, A B	FLORIDA	LLC

THIRD: The terms and conditions of the merger are as follows:

AS SET FORTH IN THE ORIGINAL FILING OF SOLUTIONS OF FLORIDA, A B

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TALLAHASSEE FLORIDA

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(Attach additional sheet if 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:

SURVIVOR PRESIDENT OF SOLUTIONS OF FLORIDA, A BENEFITS COMPANY
RUSSELL CAMP TO HAVE 50% OF SOLUTIONS OF FLORIDA, A BENEFITS CO
BRIDGET WEST TO HAVE 50% OF SOLUTIONS OF FLORIDA, A BENEFITS CO
IN OWNERSHIP.

(Attach additional sheet if necessary)

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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:

SURVIVOR PRESIDENT OF SOLUTIONS OF FLORIDA, A BENEFITS COMPANY
RUSSELL CAMP TO HAVE 50% OF SOLUTIONS OF FLORIDA, A BENEFITS CO
BRIDGET WEST TO HAVE 50% OF SOLUTIONS OF FLORIDA, A BENEFITS CO
IN OWNERSHIP.

(Attach additional sheet if necessary)

FIFTH: Any statements that are required by the laws under which each other business entity is formed, organized, or incorporated are as follows:

(Attach additional sheet if necessary)

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TALLAHASSEE, FLORIDA

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SIXTH: Other provisions, if any, relating to the merger are as follows:

ANY JUDGEMENTS AND LIENS ON SOLUTIONS OF FLORIDA, A BENEFITS CO
ARE THE JUDGEMENTS AND LIENS OF SOLUTIONS OF FLORIDA, A BENEFIT
AND HAVE NO
FINANCIAL BEARING ON INSURANCE CASE MANAGEMENT SERVICES, LLC.

(Attach additional sheet if necessary)