

LO9 000012367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

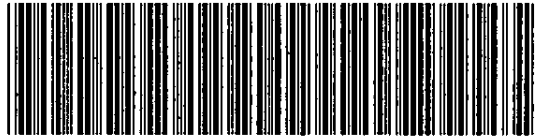
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900139159149

12/29/08--01018--025 \*\*192.50

2009 FEB -5 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

T. CLINE

FEB - 6 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 30, 2008

WILLIAM FARRAR  
3316 WOODS BLVD  
TYLER, TX 75707

SUBJECT: JYP CONVERSION, LLC  
Ref. Number: W08000057066

We have received your document for JYP CONVERSION, LLC and your check(s) totaling \$192.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Once the conversion has been filed we can file the merger.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 708A00061941

2009 FEB -5 PM 1:13  
STATE  
SECRETARY  
TALLAHASSEE, FLORIDA

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JYP Conversion, 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:

William D. Farrar

(Contact Person)

William D. Farrar & Assoc., PLLC

(Firm/Company)

3316 Woods BLVD

(Address)

Tyler, Texas 75707

(City, State and Zip Code)

For further information concerning this matter, please call:

William D. Farrar

(Name of Contact Person)

at ( 903 ) 279-7900

(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

2009 FEB -5 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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>
Storage Masters - JYP, L.L.C.	Florida	LLC
604-75643		

FILED  
2009 FEB -5 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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>
JYP Conversion, LLC	Florida	LLC

609-12367

**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.

**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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2009 FEB -5 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

**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: \_\_\_\_\_

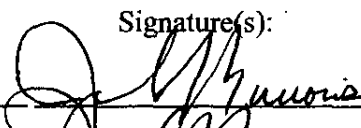

\_\_\_\_\_  
\_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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:
Storage Masters - JYP, L.L.C.		John Burrows, Mgr
JYP Conversion, LLC		John Burrows, Mgr

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

<b><u>Fees:</u></b>	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

<b><u>Certified Copy (optional):</u></b>	\$30.00
--	---------

## 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>
<u>Storage Masters - JYP, L.L.C.</u>	<u>Florida</u>	<u>LLC</u>

**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>
<u>JYP Conversion, LLC</u>	<u>Florida</u>	<u>LLC</u>

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

JYP Conversion, LLC, formerly JYP Self Storage, L.P., a Texas limited partnership,  
will be the surviving entity of the merger and will receive all assets and assume all  
liabilities of Storage Masters - JYP, L.L.C. JYP Conversion, LLC will be assigned  
the name "Storage Masters - JYP" and will change its name to  
Storage Masters - JYP, L.L.C. following the merger.

*(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:

The ownership of the merged and surviving are the same so no conversion

formula is necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2009 FEB -5 PM 11:13  
SECRETARY OF STATE  
TREASURER OF FLORIDA

FILED

*(Attach additional sheet if necessary)*

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:

The rights that exist, if any, in the merged entity shall apply to the surviving entity.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(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:

NA

*(Attach additional sheet if necessary)*

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

NA

*(Attach additional sheet if necessary)*

2009 FEB -5 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED