L09000030761

(Requestor's Name)
(Address)
,
(Address)
,
(City/State/Zip/Phone #)
•
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



900143888559

04/15/09--01003--014 **100.00

05/05/09--01013--003 **120.00

PILED

O9 APR 15 AM 8: 56

SECRETARY OF STATE
ALLAHASSEE, FLORE
ALLAHASSEE, FLORE

J. BRYAN

MAY -5 2009

EXAMINER

JOSEPH A. TROIANO, ESQ., PA

A PROFESSIONAL ASSOCIATION

JOSEPH A. TROIANO, ESQ. 239.823.5222 CELL JTROIANO@JOSEPHTROIANOPA.COM 12800 UNIVERSITY DRIVE, SUITE 380 FORT MYERS, FLORIDA 33907 239.482.3998 TELEPHONE 239.466.2866 FAX WWW.JOSEPHTROIANOPA.COM

April 13, 2009

PRIVATE AND CONFIDENTIAL

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

RE: FAIR WINDS VENTURES I, LLC

Dear Sir or Madam:

Enclosed for filing please find a Certificate of Merger and Plan of Merger for Fair Winds Ventures I, LLC, a Florida limited liability company.

Also enclosed is our check in the amount of \$50.00 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.

Very truly yours,

seph A. Troiano, Esq

For the Firm

JAT/bsb Enclosures

COVER LETTER

Division of Corporations			
SUBJECT: FAIR WINDS VE	NTURES I, LLC	,	
	ame of Surviving Party)		
The enclosed Certificate of Merger a	and fee(s) are submitt	ed for filing.	
Please return all correspondence con	cerning this matter to) :	
JOSEPH A. TROIANO, ES	SQ.		09 APR 15 AM 8: 56 SECRETARY OF STATE TALLAHASSEE, FLORI
(Contact Person	n)		超二
JOSEPH A. TROIANO, ES	SQ., P. A.		SSRY 5
(Firm/Company	y)		河泉 圣
12800 UNIVERSITY DRIV	E SUITE 380		57F 87.5
(Address)			器 66
FORT MYERS, FL 33907			Þ
(City, State and Zip	Code)	alamaki de prografie	
For further information concerning	this matter, please cal	11:	
JOSEPH A. TROIANO	at (239	, 482-3998	
(Name of Contact Person)		ode and Daytime Telephor	ne Number)
Certified copy (optional) \$30	0.00		
STREET ADDRESS:	MA	ILING ADDRESS:	
Registration Section		istration Section	
Division of Corporations		sion of Corporations	
Clifton Building		. Box 6327	
2661 Executive Center Circle	Talla	ahassee, FL 32314	
Tallahassee, FL 32301			



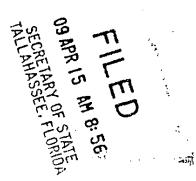
FLORIDA DEPARTMENT OF STATE Division of Corporations

April 17, 2009

JOSEPH A. TROIANO, ESQ. JOSEPH A. TROIANO, ESQ., P.A. 12800 UNIVERSITY DRIVE, SUITE 380 FORT MYERS, FL 33907

SUBJECT: FAIR WINDS VENTURES I, LLC

Ref. Number: L09000030761



We have received your document for FAIR WINDS VENTURES I, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$60.00.

The plan of merger must contain the manner and basis of converting the interests, shares, obligations or other securities of each merged party into the interests, shares, obligations or other securities of the survivor, in whole or in part, into cash or other property.

The plan of merger must contain the manner and basis of converting rights to acquire interests, shares, obligations or other securities of each merged party into rights to acquire interests, shares, obligations or other securities of the surviving entity, in whole or in part, into cash or other property.

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) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 609A00012938

JOSEPH A. TROIANO, ESQ., PA

A PROFESSIONAL ASSOCIATION

JOSEPH A. TROIANO, ESQ. 239.823.5222 CELL JTROIANO@JOSEPHTROIANOPA.COM 12800 UNIVERSITY DRIVE, SUITE 380 FORT MYERS, FLORIDA 33907 239.482.3998 TELEPHONE 239.466.2866 FAX

April 13, 2009

PRIVATE AND CONFIDENTIAL

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

RE: FAIR WINDS MANAGEMENT, LLC AND FAIR WINDS VENTURES I, LLC

Dear Sir or Madam:

Enclosed for filing please find revised Certificates of Merger and Plans of Merger for Fair Winds Management, LLC, a Florida limited liability company, and Fair Winds Ventures I, LLC, a Florida limited liability company.

Also enclosed is our check in the amount of \$120.00 for the required additional filing fees and certified copy.

Please return the approved Certificates and Certified Copies 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.

Joseph A. Trojano, Esq.

For the Firm

JAT/bsb Enclosures

MASTERS OF TAXATION
*Licensed to Practice in Florida and Maine

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:

Name	<u>Jurisdiction</u>	Form/Entity Type
FAIR WINDS 2106 VENTURES, LLC	ALASKA	LLC
FAIR WINDS 622 VENTURES, LLC	ALASKA	LLC
SECOND: The exact name, form/en as follows:	tity type, and jurisdiction of	the <u>surviving</u> party are
<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
FAIR WINDS VENTURES I, LLC	FLORIDA	LLC

#L09000030761

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.
<u>FIFTH:</u> 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:
may 1, 2009
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:
SSEE FL
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.
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:
- <u></u>
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:

Name of Entity/Organization:

FAIR WINDS 2160 VENTURES, LLC

FAIR WINDS 622 VENTURES, LLC

Typed or Printed Name of Individual:

JOSEPH A. TROIANO, MGR

JOSEPH A. TROIANO, MGR

Corporations:

Chairman, Vice Chairman, President or Office

(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 Signature of a general partner

Non-Florida Limited Partnerships: Limited Liability Companies:

Signature of a member or authorized representative

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

Certified Copy (optional): \$30.00

PLAN OF MERGER

FIRST: The exact name, form/entity follows:	type, and jurisdiction for ea	ch merging party are as
Name	<u>Jurisdiction</u>	Form/Entity Type
FAIR WINDS 2160 VENTURES, LLC	ALASKA	LLC
FAIR WINDS 622 VENTURES, LLC	ALASKA	LLC TALLA
	·	APR 15 AM 8: CRE ARY OF ST AHASSEE, FLO
SECOND: The exact name, form/ent as follows:	tity type, and jurisdiction of	the surviving party ace
Name	<u>Jurisdiction</u>	Form/Entity Type
FAIR WINDSVENTURES I, LLC	FLORIDA	LLC
THIRD: The terms and conditions of EFFECTIVE AS OF THE D	J	ER, THE MERGING
ENTITIES WILL BE MERG	ED INTO FAIR WIN	DS VENTURES I, LLC
WITH THE LATER BEING	THE SURVIVING EN	ITITY AND WITH ITS
ARTICLES OF OGANIZATION	ON AND OPERATIN	IG AGREEMENT
BEING THE DOCUMENTS	APPLICABLE TO T	HE SURVIVING
ENTITY.		4
(Attach ad	litional shoot if nacassamı)	

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:
Menbership Unite will be converted on a 1 to 1 besis
TASE 09
L AFET
ASSE
E.F.C.
ORIO A
(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:
Rights will be converted on a 1 to 1 basis

(Attach additional sheet if necessary)

		·, ·, · · · · · · · · · · · · · · · · ·			_
			· · · · · · · · · · · · · · · · · · ·	TAI TAI	2
				CRE	APR
					5
				EFO	丑
				STA FLOI	-€1. Öö
				음금	Q.
				\triangleright	
	(Attach addi	tional sheet if nece	essary)	Þ	
XTH: Other pr	(Attach addi ovisions, if any, rela			Đ	
XTH: Other pr				Đ	
XTH: Other pr				Þ	
XTH: Other pr				A	_
XTH: Other pr				A	
XTH: Other pr				A	——————————————————————————————————————
XTH: Other pr				A	

(Attach additional sheet if necessary)