109000030790

| (Red | questor's Name) | |
|---------------------------|-------------------|-----------------|
| (Add | dress) | |
| . (Add | dress) | |
| (City | //State/Zip/Phone | e #) |
| . PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Nan | ne) |
| | | |
|) OOU) | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | Filing Officer: | |
| | | |
| | | |
| | | |
| _ | | |

Office Use Only

EFFECTIVE DATE 5/1/09



100149852371

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

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

O9 APR 15 AH 10: 08
SECRETARY OF STATE
SECRETARY OF STATE

D. BRUCE

MAY 0 5 2009

EXAMINER

COVER LETTER

| Division of Corporations | | |
|---|--|---|
| SUBJECT: FAIR WINDS MANAGEME | NT, LLC | |
| (Name of Surviving | | |
| The enclosed Certificate of Merger and fee(s) are | submitted for filing. | |
| Please return all correspondence concerning this m | natter to: | |
| JOSEPH A. TROIANO, ESQ | | |
| (Contact Person) | | |
| JOSEPH A. TROIANO, ESQ., P. A. | -1 | |
| (Firm/Company) | ALL ALL | |
| 12800 UNIVERSITY DRIVE SUITE 3 | 09 APR 15 SECRETARY ALLAHASSE | - |
| (Address) | ASS: | ř |
| FORT MYERS, FL 33907 | 111 | - |
| (City, State and Zip Code) | AM 10: 08 OF STATE E. FLORID | ŗ |
| | ATE O8 | |
| For further information concerning this matter, ple | ease call: | |
| JOSEPH A. TROIANO at (2 | 239 ₎ 482-3998 | |
| | (Area Code and Daytime Telephone Number) | |
| Certified copy (optional) \$30.00 | | |
| STREET ADDRESS: | MAILING ADDRESS: | |
| Registration Section | Registration Section | |
| Division of Corporations | Division of Corporations | |
| Clifton Building | P. O. Box 6327 | |
| 2661 Executive Center Circle | Tallahassee, 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 MANAGEMENT, LLC

Ref. Number: L09000030790

We have received your document for FAIR WINDS MANAGEMENT, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

The fees to file the articles of merger are as follows:

For each Limited Partnership:

\$52.50

For each Limited Liability Company: 25.00

For each Corporation: 35.00

11. 00.00 - 4 - - - |- ' - | 0F

For each General Partnership: 25.00

All Others:

25.00

There is a balance due of \$60.00.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 009A00012937

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 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. Troiano, Esq. For the Firm

roi ine riiii

JAT/bsb Enclosures

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 MANAGEMENT, LLC | ALASKA | LLC | |
| FAIR WINDS 5005 VENTURES, LLC | ALASKA | LLC FACE 08 | |
| | · · · · · · · · · · · · · · · · · · | APR I | |
| | | SSEE A | |
| | | HIO: FLOF FLOF | D |
| SECOND: The exact name, form/er as follows: | ntity type, and jurisdiction of | the <u>surviving</u> park ark | • |
| <u>Name</u> | Jurisdiction | Form/Entity Type | |
| FAIR WINDS MANAGEMENT, LLC | FLORIDA | LLC L09000030" | 791 |

<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.

1 of 6

FILED

| FOURTH: The attached plan of merger was approved by each other business en is a party to the merger in accordance with the applicable laws of the state, country jurisdiction under which such other business entity is formed, organized or incorporate the control of the state of | y or | |
|---|----------|-------------|
| <u>FIFTH:</u> If other than the date of filing, the effective date of the merger, which ca prior to nor more than 90 days after the date this document is filed by the Florida Department of State: | nnot l | be |
| May 1, 2009 | | |
| SIXTH: If the surviving party is not formed, organized or incorporated under the Florida, the survivor's principal office address in its home state, country or jurisdicas follows: | | |
| · · · | | |
| SEVENTH: If the survivor is not formed, organized or incorporated under the lagest Florida, the survivor agrees to pay to any members with appraisal rights the amount 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 transactions in this state, the surviving entity: | SECRETAI | 09 ÅPR 15 |
| 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: | RY OF ST | 5 AM 10: 08 |
| Street address: | | 9 |
| | | _ |
| N. 11 | | |
| 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 MANAGEMENT, LLC

FAIR WINDS 5005 VENTURES, LLC

Typed or Printed Name of Individual:

JOSEPH A. TROIANO, MGR

JOSEPH A. TROIANO, 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

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

09 APR 15 AM 10: 08
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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 MANAGEMENT, LLC | ALASKA | LLC | |
| FAIR WINDS 5005 VENTURES, LLC | ALASKA | LLC | |
| | | | |
| SECOND: The exact name, form/ent as follows: | | - | |
| Name | <u>Jurisdiction</u> | Form/Entity Type | |
| FAIR WINDS MANAGEMENT, LLC | FLORIDA | LLC | |
| THIRD: The terms and conditions of | f the merger are as follows: | | |
| EFFECTIVE AS OF THE D | ATE OF THE MERG | ER, THE MERGING | |
| ENTITIES WILL BE MERG | ED INTO FAIR WIN | DS MANAGEMENT, L | .LC |
| WITH THE LATER BEING | THE SURVIVING EN | ITITY AND WITH ITS | |
| ARTICLES OF OGANIZATI | ON AND OPERATIN | IG AGREEMENT | |
| BEING THE DOCUMENTS | APPLICABLE TO TI | HE SURVIVING | |
| ENTITY. | | | |
| (Attach ada | litional sheet if necessary) 4 of 6 | 09 APR 15 AM 10: 08 SECRETARY OF STATE TTALLAHASSEE, FLORID | ロ = ロ フ |
| | | O8 | |

(Attach additional sheet if necessary)

A. The manner and basis of converting the interests, shares, obligations or other

of the survivor, in whole or in part, into cash or other property is as follows:

securities of each merged party into the interests, shares, obligations or others securities

(Attach additional sheet if necessary)

B. The manner and basis of converting rights to acquire the interests, shares, obligations

Membership Units will be converted on a 161 basis

FOURTH:

| | | | | | | | |
|---|---------------------------------------|-----------------|----------------|--------------|-------|---|-------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| ,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | · · · · · · · · · · · · · · · · · · · | | | | | | _ |
| | | | | | | | _ |
| | | | | | | | |
| | | | | | | | |
| <u></u> | | | | | | | |
| | (Atta | ch additional | I shoot if noc | accami) | | | |
| | (Anac | л ишинопи | sneet ij nee | essury) | | | |
| | | | | | | | |
| Γ U • Other n | rovisions if an | v relating to | the marger | are as follo | 11/0+ | | |
| <u>ΓΗ:</u> Other p | rovisions, if an | ny, relating to | the merger | are as follo | ws: | | |
| ΓΗ: Other p | rovisions, if an | ny, relating to | the merger | are as follo | ws: | ⊅ s | _0 |
| TH: Other p | provisions, if an | ny, relating to | o the merger | are as follo | ws: | SECR | 09 A |
| ΓΗ: Other p | provisions, if an | ny, relating to | o the merger | are as follo | ws: | SECRETA | APR |
| ΓΗ: Other p | provisions, if an | ny, relating to | o the merger | are as follo | ws: | SECRETARY | APR 15 |
| ΓΗ: Other p | provisions, if an | ny, relating to | o the merger | are as follo | ws: | SECRETARY OF | APR 15 |
| ΓΗ: Other p | provisions, if an | ny, relating to | o the merger | are as follo | ws: | SECRETARY OF STATE | APR 15 |
| ΓΗ: Other p | provisions, if an | ny, relating to | o the merger | are as follo | ws: | SECRETARY OF STATE | APR |
| ΓΗ: Other p | provisions, if an | ny, relating to | o the merger | are as follo | ws: | SECRETARY OF STATE TALLAHASSEE, FLORIDA | APR 15 |

(Attach additional sheet if necessary)