

Office Use Only



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May 27, 2020

PHILIP J. STODDARD 3364 13TH ST ELKTON, FL 32033

SUBJECT: NORTH STAR ASSOCIATES, L.L.C.

Ref. Number: L09000070792

We have received your document for NORTH STAR ASSOCIATES, L.L.C. and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

All we recieved is the signature page of the document. All pages are needed.

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) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 520A00010581

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: North STAR A-SSOCIATES LLC Name of Surviving Party			
Name of Surviving Party			
The enclosed Certificate of Merger and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to:			
Philip J. STODDARD Contact Person			
NORTH STAR ASSOCIATES, LLC Firm/Company			
3364 13th St. Address			
ELK TON, FL 32033 City. State and Zip Code			
City, State and Zip Code			
OL LO AMARIANA DI DAM			
E-mail address: (to be used for future annual report notification)			
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For further information concerning this matter, please call:			
Name of Contact Person at (904) 460-8599 Area Code Daytime Telephone Number			
Name of Contact Person Area Code Daytime Telephone Number			
☐ Certified copy (optional) \$30.00			
STREET ADDRESS: MAILING ADDRESS:			
nendment Section Amendment Section			
Division of Corporations Division of Corporations			
Clifton Building P. O. Box 6327			
2661 Executive Center Circle Tallahassee, FL 32314			
Tallahassee, FL 32301			

CR2E080 (2/20)

Articles of Merger For Florida Limited Liability Company

1 1 11 1 5 27

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>	Form/Entity Type	
THE GALLES CAVE, LC	FLOKIDIA	LLC	
NATURAL SPRINGS BOTANICALS	, LIC FLORIDA	LLC	
			
SECOND: The exact name, form/entity type, and jurisdiction of the <u>surviving</u> party are as follows:			
<u>Name</u>	Jurisdiction	Form/Entity Type	
NORTH STAR ASSOCIATES, LLC	FLORIDA	<u> </u>	

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).

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: Typed or Printed Name of Entity/Organization: Name of Individual: Signature(s) The Coaches Cave, LLC Philip J. Stoddard Natural Springs Botanicals, LLC Philip J. Stoddard Philip J. Stoddard North Star Associates, LLC Chairman, Vice Chairman, President or Officer Corporations: (If no directors selected, signature of incorporator.) Signature of a general partner or authorized person General partnerships: Signatures of all general partners Florida Limited Partnerships: Signature of a general partner Non-Florida Limited Partnerships: Limited Liability Companies: Signature of an authorized person For each Corporation: \$35.00 Fees: For each Limited Liability Company: \$25.00

\$52.50

\$25.00

For each General Partnership:

Certified Copy (optional):

\$25.00

\$30.00

For each Limited Partnership:

For each Other Business Entity: