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SECRETARY OF STATE

T. CLINE

EXAMINE

COVER LETTER

	Registration Section Division of Corporations		
SUBJE	CT: BLUE S	EA RE, LLC	
	Name of Surviving		
The enc	losed Certificate of Merger and fee(s) are	submitted for filing.	
Please r	eturn all correspondence concerning this n	natter to:	
	ALVARO CASTILLO		
	Contact Person		
	CASTILLO & ASSOCIATES		
	Firm/Company		-1 -2
	1390 BRICKELL AVENUE SUITE 200)	SEC SEC
	Address		AR 3
	MIAMI FLORIDA 33131		2011 APR 14 PM 1: 02 SECRETARY OF STATE TALLAHASSEE, FLORIDI
	City, State and Zip Code	······································	
	ALCAPA@AOL.COM		K 1: 08
E-	mail address: (to be used for future annual report n	otification)	
	·	•	₽ 10
For furth	ner information concerning this matter, ple	ase call:	
	ALVARO CASTILLO at (305) 371-5540	
)	Name of Contact Person	Area Code and Daytime Telephone Nun	nber
	Certified copy (optional) \$30.00		
	T ADDRESS:	MAILING ADDRESS:	
	tion Section	Registration Section	
Division Clifton E	of Corporations	Division of Corporations P. O. Box 6327	•
	ecutive Center Circle	Tallahassee, FL 32314	

Tallahassee, FL 32301

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:	246	. ,
Name UD-3	Jurisdiction	Form/Entity Type
BLUE SEA RE, LLC	FLORIDA	Limited Liability Company
ARMONY RE CORP.	FLORIDA	Corporation
P09-3839		SECRETALLAHA
		E TAP
SECOND: The exact name, form/eras follows:	ntity type, and jurisdiction of	
Name	<u>Jurisdiction</u>	Form/Entity Type
BLUE SEA RE, LLC	FLORIDA	Limited Liability Company

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:
SECRI TALLA
SEVENTH: If the survivor is not formed, organized or incorporated under the laws 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:
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:

BLUE SEA RE, LLC

Antonio Verona, Manager

ARMONY RE, CORP.

Antonio Verona, President

Corporations:

Chairman, Vice Chairman. President or Officer?

(If no directors selected, signature of incorporation.)

General partnerships:

Signature of a general partner or authorized person.

Signatures of all general partners.

Non-Florida Limited Partnerships:

Signature of a general partner.

Limited Liability Companies: Signature of a member or authorized representation

Fees:For each Limited Liability Company:\$25.00For each Corporation:\$35.00For each Limited Partnership:\$52.50For each General Partnership:\$25.00For each Other Business Entity:\$25.00

Certified Copy (optional): \$30.00

PLAN OF MERGER

follows: Name	<u>Jurisdiction</u>	Form/Entity Type
BLUE SEA RE, LLC	FLORIDA	Limited Liability Company
ARMONY RE CORP	FLORIDA	Corporation
SECOND: The exact name, f as follows:	orm/entity type, and jurisdiction	n of the <u>surviving</u> party are Form/Entity Type
BLUE SEA RE, LLC	FLORIDA	Limited Liability_Company
	tions of the merger are as follo	ま <u>ま</u>
(Atta	ach additional sheet if necessary	y)

FO	U	R	Т	H	1

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 sole beneficial owners of Armony RE Corp. and Blue Sea Re, LLC are the same
·
75 S
(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:
The sole beneficial owners of Armony RE Corp. and Blue Sea Re, LLC are say
(Attack additional sheat if recessory)

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	<u> </u>
(Attach additional sheet if necessary)	
	SE TALI
TH: Other provisions, if any, relating to the merger are as follows:	
	RETARY AHASSE
	- 55 -