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SECRETORY OF STATE ORID

B. BOSTICK

JAN - 5 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Blue Chip Capital, LLC (Florida) Name of Surviving Party	
The enclosed Certificate of Merger and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
Clark Smith Contact Person	
Smith Moore Leatherwood LLP Firm/Company	
300 North Greene Street, Suite 1400 Address	
Greensboro, North Carolina 27401 City, State and Zip Code	TALLAHAS
Clark.smith@smithmoorelaw.com E-mail address: (to be used for future annual report notification)	60.7
For further information concerning this matter, please call:	PM 3: 43
Clark Smith at (336) 378-5442 Name of Contact Person Area Code and Daytime Telephone N	P
X 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	

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:

Jurisdiction

<u>Name</u>

Blue Ch	nip	Capital	, LLC	Florida		LLC	
Blue Ch	ip (Capital	, LLC	North Caro	lina j	LLC	
		<u></u> -					
SECOND: as follows:		exact nam	e, form/ent	ity type, and jurisdic	ction of the <u>sur</u>	<u>viving</u> party	are
		exact nam		ity type, and jurisdic Furisdiction		<u>viving</u> party /Entity Type	
as follows: <u>Name</u>			ļ		<u>Form</u>		

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.

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Form/Entity Type

Department of Str	le:		
	upon filing	·	
	rviving party is not formed, organized or incorporated under the later's principal office address in its home state, country or jurisdict		
Not ap	plicable		
Florida, the surviv	e survivor is not formed, organized or incorporated under the laws or agrees to pay to any members with appraisal rights the amount, ers are entitles under ss.608.4351-608.43595, F.S.		
	surviving party is an out-of-state entity not qualified to transact te, the surviving entity:		
	ring street and mailing address of an office, which the Florida te may use for the purposes of s. 48.181, F.S., are as follows:	TALL SE	.
Street address:	Not applicable		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mailing address:_	Not applicable	STATE LORIDA	ين - د
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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

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:

	_	Typed or Printed
Name of Entity/Organization:	Signature(s):	Name of Individual:
		_Brian Vickers,
Blue Chip Capital, LLC	(FL)	<u>Member-Manager</u>
		Brian Vickers,
Blue Chip Capital, LLC	(NC) Se MC	Member-Manager

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

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PLAN OF MERGER

FIRST: The exact name, form/entity follows:	type, and jurisdiction for e	ach <u>merging</u> party are as	
Name	<u>Jurisdiction</u>	Form/Entity Type	
Blue Chip Capital, LLC	Florida	LLC	
Blue Chip Capital, LLC	North Carolina	LLC	
SECOND: The exact name, form/en as follows: Name	tity type, and jurisdiction of		
Slue Chip Capital, LLC		Form/Entity Type LLC	
THIRD: The terms and conditions on the conditions of the condition	es of Blue Chip C	apital, LLC (NC)	
		TAL!	:
(Attach ada	litional sheet if necessary)	UAHABSEE.	JAN-4 P
ултыол ини		FLORIO	

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:

Brian Vickers is the sole member-manager and 100% owner	
of Blue Chip Capital, LLC (NC) and will be the sole	
member-manager and 100% owner of the surviving entity,	
Blue Chip Capital, LLC (Florida).	
(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:	
Not applicable	
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(Attach additional sheet if necessary)

entity is formed, organized, or incorporated are as follows: To the fullest extent permitted by the Florida Limited Liability Company Act as it exists or may hereafter be amended, no person who is serving or who has served as a manager of the surviving limited liability company shall be personally liable to the limited liability company or any of its members for monetary damages for breach of duty as a manager. No amendment or repeal of this provision, nor the adoption of any provision inconsistent with this, shall eliminate or reduce the protection granted herein with respect (Attach additional sheet if necessary) to any matter that occurred prior to such amendment, repeal or adoption, **SIXTH:** Other provisions, if any, relating to the merger are as follows: Not applicable (Attach additional sheet if necessary)

FIFTH: Any statements that are required by the laws under which each other business