# LI1000042450

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(Cir	y/State/Zip/Phone	e #)			
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(Do	cument Number)				
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
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03/05/14--01027--002 \*\*50.00



Merger 10 3/27/14

## **COVER LETTER**

	•					
TO:	Amendment Section Division of Corporations					
SUBJ	ECT: Smart Social Media Management, LLC					
	Name of Surviving Party					
The en	nclosed Certificate of Merger and fee(s) are submitted for filing.					
Please	e return all correspondence concerning this matter to:					
Sar	nuel A. Houghton					
•	Contact Person					
Hou	ghtonPA					
	Firm/Company					
625	E. Lime Street Suite 1					
	Address					
Lak	eland, Florida 33801					
	City, State and Zip Code					
sho	ughton@houghtonpa.com					
	E-mail address: (to be used for future annual report notification)					
For fu	orther information concerning this matter, please call:					
Sar	n Houghton at (863 )899-2671					
	Name of Contact Person Area Code Daytime Telephone Number					
	Certified copy (optional) \$30.00					

# STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **MAILING ADDRESS:**

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



March 6, 2014

SAMUEL: A. HOUGHTON HOUGHTON PA 625 E. LIME STREET - STE. 1 LAKELAND, FL 33801

SUBJECT: SMART SOCIAL MEDIA MANAGEMENT LLC

Ref. Number: L11000042450

We have received your document for SMART SOCIAL MEDIA MANAGEMENT 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):

As a condition of a merger, pursuant to s.605.0212(8), Florida Statutes, each party to the merger must be active and current in filings its annual reports with the Department of State through December 31 of the calendar year in which the articles of merger are submitted for filing.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 914A00004938

# 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. 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
Smart Social Media Management, LLC	Florida	Limited Liability Company
Marketing System Blueprints, LLC	Florida	Limited Liability Company
SECOND: The exact name, form/er	ntity type, and juris	sdiction of the surviving party are as follows:
Name	<u>Jurisdiction</u>	Form/Entity Type
Smart Social Media Management, LLC	Florida	Limited Liability Company

**THIRD:** The 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, 605, 617, and/or 620, Florida Statutes.

<u>FOUF</u>	RTH: Please check one of the	boxes that app	ply to survivi	ng entity:		
/	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 r	merger and is a	domestic fili	ng entity, the public organic	record is attached.	
This entity is created by the merger and is a domestic limited liability limited partnership limited liability partnership, its statement of qualification is attached.						
	This entity is a foreign entity state. The mailing address t 605.0117 and Chapter 48, F.	o which the de	partment may			
_	H: This entity agrees to pay an ss.605.1006 and 605.1061-605	<b>₹</b>	th appraisal ri	ghts the amount, to which n	nembers are entitled	
	H: If other than the date of fil han 90 days after the date this	•		<u> </u>	not be prior to nor	
				·		
SEVE	NTH: Signature(s) for Each	Party:		Typed or Printed		
	of Entity/Organization: Social Media Management, LLC	Signa	ture(s):	Name of Individual:  Tehristopher McLaughlin		
	ting System Blueprints, LLC		11	Graig Hosking		
		<i>V</i>				
Corpo	rations:			President or Officer gnature of incorporator.)		
	eral partnerships: Signature of a general partner or authorized person					
	Limited Partnerships: Signatures of all general partners orida Limited Partnerships: Signature of a general partner					
Limite	ed Liability Companies:	Signature of	an authorized	person		
Fees:	For each Limited Liability C	ompany:	\$25.00			
	For each Corporation:		\$35.00 \$52.50			
	For each Limited Partnership		\$52.50 \$25.00			

\$25.00

\$30.00

For each Other Business Entity:

Certified Copy (optional):