

L11000079372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100209828711

07/18/11--01019--007 **86.25

100209828711
08/03/11--01021--020 **25.00

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11 AUG -3 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

AUG 4 2011

EXAMINER

ROBERT P. SALTSMAN, P. A.

Attorney at Law

222 SOUTH PENNSYLVANIA AVENUE, SUITE 200
WINTER PARK, FLORIDA 32789
TELEPHONE: (407) 647-2899
TELEFAX: (407) 628-2307

POST OFFICE BOX 2146
WINTER PARK, FLORIDA 32790
WRITER'S E-MAIL ADDRESS:

aimee@saltsmanpa.com

August 2, 2011

Via Federal Express Delivery

Registration Section
Division of Corporations
Attn: Barbara Bostick
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Merging Entity: HHS Partnership: GP1100000891
Surviving Entity: HSH Pennsylvania LLC: L11000079372

Dear Barbara:

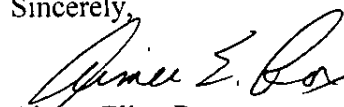
After receiving your correspondence dated July 19, 2011 I realized that we have already formed the "Surviving Entity" and therefore needed to file a "Merger" rather than a "Conversion". Per your correspondence, I understand that we have \$86.25 on file with you and therefore assume that balance plus the enclosed check number 1884 in the amount of \$25.00 will cover the following fees for the Merger:

| | |
|--------------|--|
| | \$ 25.00 for Filing Fee for Partnership |
| | \$ 25.00 for Filing Fee for LLC |
| | \$ 52.50 for Certified Copy |
| | <u>\$ 8.75</u> for Certificate of Status |
| TOTAL | \$111.25 |

Also enclosed for filing is the form cover letter, along with Certificate of Merger.

If you need anything further from us, please feel free to contact me. Thank you for your assistance.

Sincerely,


Aimee Ellen Rox
Legal Assistant

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HHS PENNSYLVANIA, LLC
Name of Surviving Party

The enclosed Certificate of Merger and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ROBERT P. SALTSMAN
Contact Person

ROBERT P. SALTSMAN, P.A.
Firm/Company

222 S. PENNSYLVANIA AVE. STE. 200
Address

WINTER PARK, FL 32789
City, State and Zip Code

aimie@saltsmanpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT P. SALTSMAN at 407 , 647-2899
Name of Contact Person Area Code and Daytime Telephone Number

☒ Certified copy (optional) \$52.50

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**Certificate of Merger
For
Florida Partnership**

The following Certificate of Merger is submitted in accordance with s. 620.8918, Florida Statutes.

FIRST: The exact name, form/entity type, and jurisdiction for each merging party are as follows:

| <u>Name</u> | <u>Jurisdiction</u> | <u>Form/Entity Type</u> |
|------------------------|---------------------|-------------------------|
| <u>HHS PARTNERSHIP</u> | <u>FLORIDA</u> | <u>PARTNERSHIP</u> |
| _____ | _____ | <u>Gp1100000891</u> |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

SECOND: The exact name, form/entity type, and jurisdiction of the surviving party are as follows:

| <u>Name</u> | <u>Jurisdiction</u> | <u>Form/Entity Type</u> |
|------------------------------|---------------------|-------------------------|
| <u>HHS PENNSYLVANIA, LLC</u> | <u>FLORIDA</u> | <u>LLC</u> |
| _____ | _____ | <u>L11000079372</u> |

THIRD: The date the merger is effective under the governing laws of the surviving party is: Date of Filing.

(NOTE: If survivor is a Florida partnership, effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State. If survivor is not a Florida partnership, effective date shall be as provided in the governing law of the surviving party.)

FOURTH: The merger was approved by each party as required by its governing law.

FIFTH: If the surviving party is a foreign organization not qualified to transact business in this state, the street address and mailing address of an office which the Florida Department of State may use for the purposes of s. 620.8919(2), F.S., are as follows:

Street address:

Mailing address:

SIXTH: Other provisions, if any, relating to the merger:

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TALLAHASSEE, FLORIDA

SEVENTH: Signature(s) for Each Party:

(Merger must be signed by all general partners of each partnership and by the authorized representative of each other party.)

| Name of Entity/Organization: | Signature(s): | Typed or Printed Name of Individual: |
|------------------------------|------------------------|---|
| HHS PARTNERSHIP | <i>F. Philip Hardy</i> | F. Philip Hardy |
| HHS PENNSYLVANIA, LLC | <i>F. Philip Hardy</i> | F. Philip Hardy |
| | | |
| | | |
| | | |
| | | |

Fees: Filing Fees: \$25.00 Per Party
Certified Copy: \$52.50 (Optional)
Certificate of Status: \$8.75 (Optional)

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2011

ROBERT SALTSMAN
ROBER P. SALTSMAN PA
222 S. PENNSYLVANIA AVENUE
WINTER PARK, FL 32789

SUBJECT: HHS PARTNERSHIP
Ref. Number: GP1100000891

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STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

We have received your document for HHS PARTNERSHIP and your check(s) totaling \$86.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to file the Certificate of Conversion and Articles of Organization total \$150.00 (\$25 filing fee for the Certificate of Conversion, \$100 filing fee for the Articles of Organization, and \$25 for the Registered Agent Designation). Enclose an additional \$30 for each certified copy requested and an additional \$5 for each certificate of status requested.

There is a balance due of \$63.75.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 811A00017073