

L12000005204

Bauer & Associates

(Requestor's Name)

P.O. Box 459

(Address)

Deland, FL 32721-0459

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

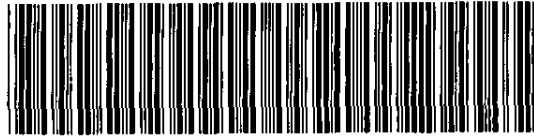
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/20/12 - 01033 - 010 - \$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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T. CLINE

APR 11 2012

EXAMINER

**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>
GP12-247 DEVELOPMENT ASSOCIATES	FLORIDA	PARTNERSHIP
505 DEVELOPMENT ASSOCIATES, LLC.	FLORIDA	LLC

**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>
LD-5204 505 DEVELOPMENT ASSOCIATES, LLC.	FLORIDA	LLC

**THIRD:** The date the merger is effective under the governing laws of the surviving party is: FEBRUARY 17, 2012

**(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.

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**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:

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Mailing address:

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

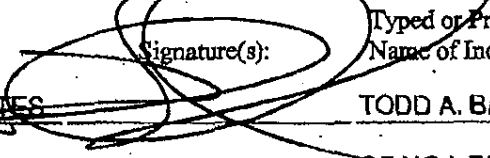
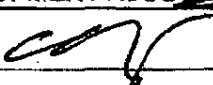
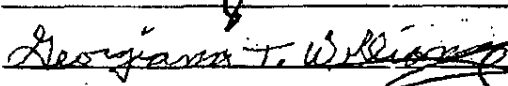
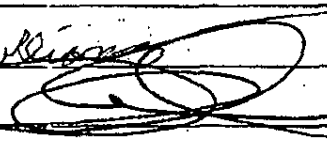
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**SEVENTH:** Signature(s) for Each Party:

(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:
DEVELOPMENT ASSOCIATES		TODD A. BAUERLE
		CRAIG I. BRYSON
		GEORGIANA WILLIAMS
505 DEVELOPMENT ASSOCIATES, LLC.		TODD A. BAUERLE, MGR.

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

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