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To:

Division of Corporations

Fax Number : (850) 617-6380

Prom:

Account Name : GASSMAN & ASSOCIATES,

Account Number : 075350000514 Phone

: (727)442-1200

Fax Number

: (727)443-5829

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## MERGER OR SHARE EXCHANGE WINDSCAPE OF FLORIDA, LLC

Certificate of Status	. 0
Certified Copy	0
Page Count	06
Estimated Charge	\$50.00

Filing Menu

Corporate Filing Menu

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2/1/2012

## For Florida Limited Liability Company

Certificate of Merger 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:

Name	himsulation	FOILD Ellary Tybe
WINDSCAPE, LLC	WASHINGTON STATE	Limited Liability Company
<del></del>		
	<del>- ,</del>	
SECOND: The exact name, form as follows:	/entity type, and jurisdiction of	the <u>surviving</u> party are
Name	Jurisdiction	Form/Entity Type
WINDSCAPE OF FLORIDA.	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.



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<b>FOURTH:</b> 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:
February 1, 2012
SDXTH: 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:
SEVENTH: If the survivor is not formed, organized or incorporated under the laws of Florida, the survivor agrees to pay to any members with appraisal rights the amount, to 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:

WINDSCAPE, LLC

WINDSCAPE OF FLORIDA,

LLC

Typed or Printed
Name of Individual:

Eugene J. Andrade

Eugene J. Andrade

Corporations:

Chairman, Vice Chairman, President or Officer (If no directors selected, signature of incorporator.)

General partnerships:

(If no directors selected, signature of incorporator., Signature of a general partner or authorized person

Florida Limited Partnerships:

Signatures of all general partners Signature of a general partner

Non-Florida Limited Partnerships: 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/ent) follows:	<u>Jurisdiction</u>	Form/Entity Type
<u> Мате</u>		<del></del> -
WINDSCAPE, LLC	WASHINGTON STATE	Limited Liability Company
SECOND: The exact name, form/e	entity type, and jurisdiction of	the surviving party are
as follows:		
Name	<u>Jurisdiction</u>	Form/Entity Type
WINDSCAPE OF FLORIDA,	FLORIDA	Limited Liability Company
THIRD: The terms and conditions  The Constituent Companies has	-	Company chall be
The Constituent Companies her merged with and into the Surviv		
the Surviving Company shall be	a single Company. The S	urviving Company shall
be the Company continuing after	r the merger, and the sepa	rate existence of the
Merging Company shall cease of	on the effective date of this	Agreement.
(Attach a	dditional sheet if necessary)	

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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: .
Since all of the membership interests of the Merging Company are currently owned
by the same Members and in the same proportion as the membership interests of
the Surviving Company, no additional membership interests need be issued by
the Surviving Company to reflect the ownership interest of the Members after the
effective date. The certificates representing the ownership interests of the Merging
Company shall be surrendered and canceled on the effective date. The then
membership interests of the Surviving Company shall be unaffected by the merger
and shall continue to constitute all of the membership interests in the Surviving
Company. (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:
SAME AS ABOVE.
(Attach additional sheet if necessary)

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y is formed, (	rganized, or incorporated are as follows:	
	·	
·		<del></del>
<del></del>		
<u>.                                    </u>		
		<u>*</u>
(Attach additional sheet if necessary)		
	(Attach additional sheet if necessary)	
<u>ΓH:</u> Other p	(Attach additional sheet if necessary) rovisions, if any, relating to the merger are as follows:	
<u>FH:</u> Other p		
TH: Other p		
TH: Other p		
TH: Other p		
TH: Other p		
TH: Other p		
TH: Other p		
FH: Other p		
TH: Other p		

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