

L12000019642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

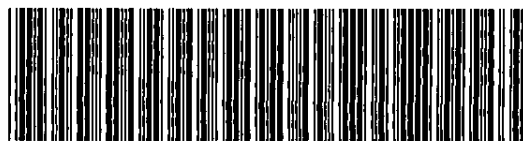
(Business Entity Name)

(Document Number)

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

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2012 FEB - 6 PM 3: 14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

C. LEWIS  
FEB - 7 2012  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Travelers in the City, 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:

Jim Schwartz, Attorney

Contact Person

Firm/Company

235 North Garden Ave

Address

Clearwater, FL 33755

City, State and Zip Code

jimschwartzlaw@verizon.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jim Schwartz

Name of Contact Person

at ( 727 )

441 3334  
Area Code and Daytime Telephone Number

☐ 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

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**Certificate of Merger  
For  
Florida Limited Liability Company**

2012 FEB -6 PM 8:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

| <u>Name</u>                                       | <u>Jurisdiction</u> | <u>Form/Entity Type</u> |
|---|---------------------|-------------------------|
| <u>F11000001092</u><br>Travelers in the City, Inc | <u>Arizona</u>      | <u>corporation</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>L12000019642</u><br>Travelers in the City, LLC | <u>Florida</u>      | <u>limited liability company</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.

**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 Department of State:

\_\_\_\_\_  
**SIXTH:** 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:

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: 615 Lakehaven Circle  
\_\_\_\_\_

Orlando, FL 32828  
\_\_\_\_\_  
\_\_\_\_\_

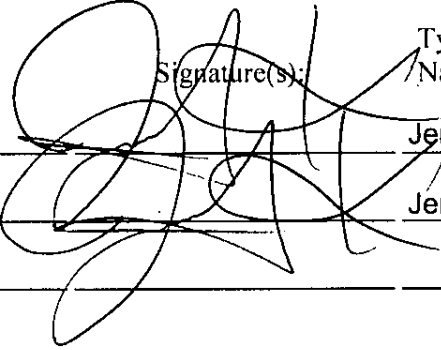
Mailing address: same as street address  
\_\_\_\_\_  
\_\_\_\_\_

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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: | Signature(s):  | Typed or Printed Name of Individual: |
|------------------------------|--|--------------------------------------|
| Travelers in the City, Inc   |  | Jennifer Kohn                        |
| Travelers in the City, LLC   |  | Jennifer Kohn                        |
|                              |  |                                      |
|                              |  |                                      |

|                                   |   |
|-----------------------------------|---|
| Corporations:                     | Chairman, Vice Chairman, President or Officer<br>(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  |

|                     |                                     |         |
|---------------------|-------------------------------------|---------|
| <b><u>Fees:</u></b> | 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 |

|  |         |
|--|---------|
| <b><u>Certified Copy (optional):</u></b> | \$30.00 |
|--|---------|

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2012 FEB -6 PM 3:15

PLAN OF MERGER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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> |
|----------------------------|---------------------|-------------------------|
| Travelers in the City, Inc | Arizona             | corporation             |
|                            |                     |                         |
|                            |                     |                         |
|                            |                     |                         |

**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>   |
|----------------------------|---------------------|---------------------------|
| Travelers in the City, LLC | Florida             | limited liability company |

**THIRD:** The terms and conditions of the merger are as follows:

Shareholders of merging corporation shall receive a 50% interest in surviving LLC

*(Attach additional sheet if necessary)*

**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:

See Third above

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*(Attach additional sheet if necessary)*

B. The manner and basis of converting rights to acquire the interests, shares, obligations or other securities of each merged party into rights to acquire the interests, shares, obligations or others securities of the survivor, in whole or in part, into cash or other property is as follows:

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*(Attach additional sheet if necessary)*

**FIFTH:** Any statements that are required by the laws under which each other business entity is formed, organized, or incorporated are as follows:

N/A

*(Attach additional sheet if necessary)*

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

*(Attach additional sheet if necessary)*