

L120000029757

(Requestor's Name),

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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06/04/13--01032--002 \*\*50.00

*merger*  
JUN 11 2013  
R. WHITE

FILED  
13 JUN -4 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MORGAN & HENDRICK, 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:

JAMES HENDRICK

Contact Person

MORGAN & HENDRICK, LLC

Firm/Company

317 WHITEHEAD ST.

Address

KEY WEST, FL 33040

City, State and Zip Code

CCCKWC HOTMAIL.COM

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

For further information concerning this matter, please call:

JAMES HENDRICK

Name of Contact Person

at ( 305 ) 304-7374

Area Code and Daytime Telephone Number

☐ Certified copy (optional) \$52.50

**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

FILED

13 JUN -4 PM 2:27

Certificate of Merger  
For  
Florida Partnership

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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>MORGAN ! HENDRICK</u>	<u>FLORIDA</u>	<u>PARTNERSHIP</u>
<u>MORGAN ! HENDRICK, LLC</u>	<u>FLORIDA</u>	<u>LLC</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>MORGAN ! HENDRICK, LLC</u>	<u>FLORIDA</u>	<u>LLC</u>

**THIRD:** The date the merger is effective under the governing laws of the surviving party is: AS OF DATE OF FILING OF CERTIFICATE OF MERGER

(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: **N/A**

Street address:

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Mailing address:

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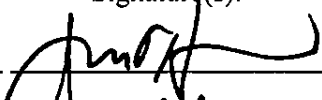
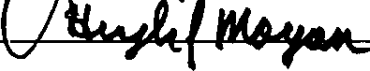
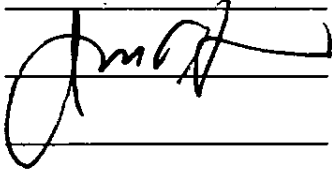
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**SIXTH:** Other provisions, if any, relating to the merger: **N/A**

**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:
<u>MORGAN &amp; HENDRICK</u>		<u>JAMES T. HENDRICK</u>
		<u>HUGH J. MORGAN</u>
<u>MORGAN &amp; HENDRICK, LLC</u>		<u>JAMES T. HENDRICK</u>

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