

L12000075035 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

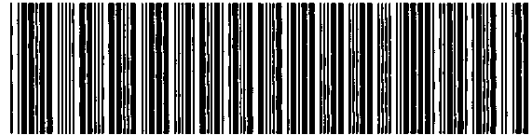
(Business Entity Name)

(Document Number)

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12 JUN -8 AM 7:34  
TALLAHASSEE, FLORIDA

B. BOSTICK

JUN 13 2012

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 87 Glover, 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:

Peter A Flanagan  
Contact Person

Simses & Associates PA  
Firm/Company

400 Royal Palm Way Suite 304  
Address

Palm Beach, FL 33480  
City, State and Zip Code

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Peter A Flanagan at ( 561 ) 8351313  
Name of Contact Person 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

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

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>
87 Glover, LLC	Connecticut	LLC
87 Glover, 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>
87 Glover, LLC	Florida	LLC
L12000075035		

**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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**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:

Date of filing \_\_\_\_\_

**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:

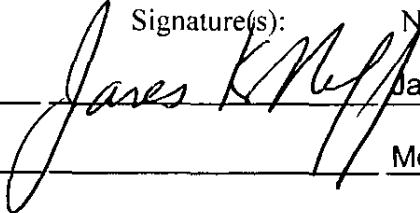
Street address: N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address: N/A  
\_\_\_\_\_  
\_\_\_\_\_

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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:
87 Glover, LLC		James K. Neff
_____	_____	Member
_____	_____	_____
_____	_____	_____

- |                                   |  |
|-----------------------------------|--|
| Corporations:                     | Chairman, Vice Chairman, President or Officer<br><i>(If no directors selected, signature of incorporator.)</i> |
| 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

**Certified Copy (optional):** \$30.00

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 SECRETARY OF STATE  
 FLORIDA

Per Tammy Hampton

per conversation w/ peter flanagan on 4-12-12, mr. James K. neff owns both LLC'S and his signature is acceptable for both companies, He request no certificates

6-13-12

**PLAN OF MERGER**

**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>
87 Glover, LLC	Connecticut	LLC
87 Glover, 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>
87 Glover, LLC	Florida	LLC

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

Because the Members of the Merging LLCs are identical both in respect to  
identity and percentage of share ownership, no new Member interests in the LLC  
shall be issued pursuant to this Merger. The number and identities of the members  
of the surviving LLC shall not be affected by the merger.

*(Attach additional sheet if necessary)*

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SECRETARY OF STATE

**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:

Each member interest in the merging companies shall be converted into a  
member interest in the surviving company.

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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:

Any rights shall be converted on a one-to-one basis in accordance with each  
members's proportional interest in the merged companies.

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*(Attach additional sheet if necessary)*

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STATE OF FLORIDA  
SECRETARY OF STATE

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

None

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*(Attach additional sheet if necessary)*

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

None

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*(Attach additional sheet if necessary)*

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OFFICE OF THE  
CLERK OF THE  
SUPERIOR COURT  
OF FLORIDA





# Commercial Recording Division

Secretary of the State of Connecticut

## Business Inquiry

### Business Inquiry Details

<b>Business Name:</b> 87 GLOVER, LLC	<b>Business</b>
<b>Business Address:</b> 67 GLOVER AVENUE, NORWALK, CT, 06850	<b>Mailing Address</b>
<b>Citizenship/State Inc:</b> Domestic/CT	<b>Last Report Yr</b>
<b>Business Type:</b> Domestic Limited Liability Company	<b>Business Stat</b>
<b>Date Inc/Register:</b> Oct 20, 1997	

### Principals

<b>Name/Title:</b>	<b>Business Address:</b>	<b>Residence Address:</b>
JAMES K NEFF MEMBER	87 GLOVER AVENUE, NORWALK, CT, 06880	3 LONGVIEW ROAD, WESTPORT, CT, (

### Business Summary

**Agent Name:** SANDRA S. SPREMULLO  
**Agent Business Address:** 750 SUMMER ST., STAMFORD, CT, 06901  
**Agent Residence Address:** 1369 IRANISTAN AVE., BRIDGEPORT, CT, 06605

Back

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