L12000126833

(Re	questor's Name)	-
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
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SECRETARY OF STATE ALL AHASSEE

C. LEWIS

AUG 1 1 2013

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Irish 31 Westchase, 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:
Biana Mize Contact Person Trish 31 Westchase, uc Firm/Company 717 S. Brevard Are Address Tampa FZ 33606 City, State and Zip Code bianamize and Companial Companial address: (to be used for future annual report notification)
For further information concerning this matter, please call: Bicunca Mize at 813 766-0003
Name of Contact Person Area Code and Daytime Telephone Number
Certified copy (optional) \$30.00
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

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Certificate of Merger For SEC TALL Florida Limited Liability Company

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:

-	Jurisdiction	·	ntity Type
JJT Hospitality 1,	LLC 1101	raa 1	
	-		
SECOND: The exact name, form/er as follows:	ntity type, and juris	diction of the <u>surv</u> i	iving party are
Name L12000126833	<u>Jurisdiction</u>	Form/E	Entity Type
Irish 31 Westch	ase, LLC	Florida	LLC_

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:
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:

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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 many entity, including any appraisal rights of its members under ss.608.4351-608.43595, Fl. ORIDA Florida Statutes.

NINTH: Signature(s) for Each Party:

Name of Entity/Organization:	Signature(s):	Name of Individual:
JJT Hospitality 1, LCC	Bom	Biana Mize
Irish 31 Westchase, LLC	BM	- Bianamiz

Corporations: Chairman, Vice Chairman, President or Officer

(If no directors selected, signature of incorporator.)

General partnerships:

Signature of a general partner or authorized person Signatures of all general partners

Florida Limited Partnerships: Non-Florida Limited Partnerships:

Signature of a general partner

Limited Liability Companies:

Signature of a member or authorized representative

Fees:For each Limited Liability Company:\$25.00For each Corporation:\$35.00For each Limited Partnership:\$52.50For each General Partnership:\$25.00For each Other Business Entity:\$25.00

Certified Copy (optional):

\$30.00

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PLAN OF MERGER

13 AUG -9 AM 9: 31

FIRST: The exact name, for	m/entity type, and juris	sdiction for eac	SECRETARY OF STATE TALLAHASSEE STATE th merging party are 9810
follows: Name	Jurisdi		Form/Entity Type
JJT Hospitali	ty 1,UC	Florida	LLC
			
SECOND: The exact name, as follows:			
Name Irish 31 West	Jurisdi Chase, LLC	<u>Florida</u>	Form/Entity Type
THIRD: The terms and cond	ditions of the merger an	re as follows:	to be
merged with	h Survivir	y part	ry/Irish
		.	
(At	tach additional sheet i	f 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:
Irish 31 westernse LC to be surviving
party; all interests shares, obligations, assets and liabilities of JJT Hospitality 1, LLC will now be held by Irish 31 westchase, LLC.
(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:
Both entities owned 100% by Biana
Both entities orined 100% by Biana Mize. (Both are Single Member UC)
(Attack additional shoot if recognomy)

	nents that are required by the laws under which each other business anized, or incorporated are as follows:
\\f	
1.1/1	<u> </u>
,	(Attach additional sheet if necessary)
SIXTH: Other prov	visions, if any, relating to the merger are as follows:
N	A
• 7	
	(Attach additional sheet if necessary)