## L14000013714

(Re	equestor's Name)					
(Address)						
(Address)						
(Ci	ty/State/Zip/Phone #	<del>(</del> )				
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates o	f Status				
Special Instructions to Filing Officer:						

□Office Use Only-



800267723378

12/24/14--01026--011 \*\*77.50-

DIVISION OF CORFORATIONS

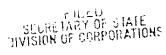
14 DEC 24 FM 2: 28

12-31-14

12/31/14

TO: Amendment Section				
•				
Division of Corporations				
SUBJECT: Schmaltz Family 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:				
Brian C. Purcell				
Contact Person				
Willcox & Savage, P.C.				
Firm/Company				
222 Central Park Ave., Suite 1500				
Address				
Va. Beach, VA 23462				
City, State and Zip Code				
bpurcell@wilsav.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Brian C. Purcell at (757 ) 628-5600				
Name of Contact Person Area Code Daytime Telephone No	ımber			
Certified copy (optional) \$30.00				
STREET ADDRESS: MAILING ADDRESS:				
mendment Section Amendment Section				
Division of Corporations Division of Corporations	<u>-</u>			
Clifton Building P. O. Box 6327				
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301				

## Articles of Merger For Florida Limited Liability Company



14 DEC 24 附 2: 29

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 605.1025, Florida Statutes.

FIRST: The exact name, form/entity type, and jurisdiction for each merging party are as follows:

Name

Schmaltz Family LP

Pennsylvania

SECOND: The exact name, form/entity type, and jurisdiction of the surviving party are as follows:

Name

Jurisdiction

Form/Entity Type

Second: Form/Entity Type

Schmaltz Family LLC

Florida

LLC

L14,000013 7144

**THIRD:** The merger was approved by each domestic merging entity that is a limited liability company in accordance with ss.605.1021-605.1026; by each other merging entity in accordance with the laws of its jurisdiction; and by each member of such limited liability company who as a result of the merger will have interest holder liability under s.605.1023(1)(b).

FOU	RTH: Please check one of the	e boxes that a	pply to survivi	ng entity: (if applicab	le)					
Z	This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.  This entity is created by the merger and is a domestic filing entity, the public organic record is attached.									
	This entity is created by the merger and is a domestic limited liability limited partnership or a domestic limited liability partnership, its statement of qualification is attached.									
	This entity is a foreign entity that does not have a certificate of authority to transact business in this state. The mailing address to which the department may send any process served pursuant to s. 605.0117 and Chapter 48, Florida Statutes is:									
						SIVIE				
					e f	SELVINE TARY VISION OF C				
						24				
		····			<del></del>	20 SEC C				
ירעונים	H: This entity agrees to pay ar	w mamban w	rith approximal r	ights the amount to u	which members s	Pertition of the contraction of				
	ss.605.1006 and 605.1061-60		ini appraisar i	ights the amount, to v	vinon memocis a	FIGHS				
	H: If other than the date of fil					or to nor				
	than 90 days after the date this									
	December 31, 2014									
CENT	NTH: Signature(s) for Each	Danty								
SEVE	ATTI: Signature(s) for Each	i arry.			Typed or Printed Name of Individual:					
Name	of Entity/Organization:	Si	gnature(s):	٨						
Schm	naltz Family LLC	l	gw Jelly	wy Mys	Harry W. Schr	naltz, Manage				
Schm	naltz Family LP		Horse	licefus	Harry W. Schr	naltz, Genera Partner				
Corpo	rations:			, President or Officer						
			ors selected, signature of incorporator.) of a general partner or authorized person							
Florid	Florida Limited Partnerships: Signatures of all general partners									
	lorida Limited Partnerships:  d Liability Companies:		a general part an authorized							
Fees:	For each Limited Liability C	ompany.	\$25.00	For each Corpora	tion:	\$35.00				
¥.003.	For each Limited Partnership:		\$52.50	For each General Partnership:		\$25.00				
	For each Other Business Ent		\$25.00	Certified Copy (	optional):	\$30.00				