115000010061

(Re	questor's Name)	
•	,	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #j)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)	
(De	ocument Number)	
(50	coment Number)	
Certified Copies	_ Certificates of	Status
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Special Instructions to	Filing Officer:	

Office Use Only



900269600229

02/27/15--01008--026 **50.00

15 FEB 27 AN II: 05
SEURE LARRY OF STATE
LLANASSEE, FLORING

MAR 0 3 2015 C. CARROTHERS

COVER LETTER

Division of Corporations		
SUBJECT: Chadick & Kimball, LLC (F	L)	
	Name of Surviving Party	
The enclosed Certificate of Merger and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to:	
Alton K Burton, Esq		
Contact Person		
Alton K. Burton, Esq.		
Firm/Company		
9501 Anchorage Place		
Address		
Bethesda, MD 20817		
City, State and Zip Code		
lcapercap@gmail.com		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this mat	ter, please call:	
Alton Burton	365-1974	
Name of Contact Person	at (Daytime Telephone Number	
Certified copy (optional) \$30.00		
STREET ADDRESS:	MAILING ADDRESS:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
Clifton Building	P. O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314	

Articles of Merger For Florida Limited Liability Company

The following Articles of Merger is in accordance with s. 605.1025, Flo FIRST: The exact name, form/enti	orida Statutes.	g Florida Limited Liability Company(ies) merging party are as follows:
<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type 52 1
Chadick & Kimball, LLC	District of Columbia	LLC SE S
SECOND: The exact name, form/	entity type, and jurisdiction of the	surviving party are as follows:
<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
Chadick & Kimball, LLC	Florida	LLC

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).

FOUL	RTH: Please check one of the	e boxes that	apply to survivii	ng entity: (if applicat	ole)				
	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 i	s a domestic fili	ng 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:								
under	H: This entity agrees to pay anss.605.1006 and 605.1061-609	5.1072, F.S.	••						
more t	han 90 days after the date this NTH: Signature(s) for Each	document is	•		•				
	of Entity/Organization:	•	signature(s):		Typed or Printed Name of Individ				
Chad	ick & Kimball, LLC (DC)		DO A. Ki	masen	Jo. A. Kimball	, AMBR			
Chad	ick & Kimball, LLC (FL)		milias	Chadisi	Michael Chadi	ick, AMBR			
Genera Florida Non-F	rations: al partnerships: a Limited Partnerships: lorida Limited Partnerships: d Liability Companies:	(If no director Signature of Signatures Signature of	rs selected, signatu	ner					
Fees:	For each Limited Liability C For each Limited Partnership For each Other Business Ent):	\$25.00 \$52.50 \$25.00	For each Corpora For each General Certified Copy (Partnership:	\$35.00 \$25.00 \$30.00			