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(Requ	estor's Name)	
(Addre	PSS)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	iess Entity Nar	ne)
(Docu	ment Number)	
Certified Copies <u>· </u>	Certificates	s of Status
Special Instructions to Fili	ing Officer:	

Office Use Only

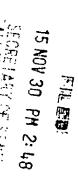


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15 NOV 30 PH 1: 02
16 ACKNOWLE FILLING
SUFFICIENCY OF FILLING

Merger



DEC 0 1 2015 D CONNELL

COVER LETTER

2%2

Division of Corporations	
SUBJECT: TML Partners LLC	
	Name of Surviving Party
The enclosed Certificate of Merger and fee(s) a	are submitted for filing.
Please return all correspondence concerning this	is matter to:
Melissa	
Contact Person	
Incorporating Services, Ltd.	
Firm/Company	
Address	
Tailahassee, FL 32301	
City, State and Zip Cod	de
jeff@delaneycorporate.com	
E-mail address: (to be used for future an	nnual report notification)
For further information concerning this matter,	please cail:
Melissa	at () 656-7956
Name of Contact Person	Area Code 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 32314

CR2E080 (2/14)

Tallahassee, FL 32301

Articles of Merger For Florida Limited Liability Company

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:

<u>Name</u>	Jurisdiction	Form/Entity Type
TML Partners LLC	Delaware	LLC
TML Partners LLC	Florida	LLC
SECOND: The exact name, form/entity typ	e, and jurisdiction of the survivi	g party are as follows:
Name	Jurisdiction	Form/Entity Type
TML Partners 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).

SECRETARY OF STATE

<u>FOUI</u>	RTH: Please check one of the	e boxes tha	t apply to survivi	ng entity: (if applic	able)	
\boxtimes	This entity exists before the organic record are attached.	merger and	l is a domestic fili	ng entity, the amer	ndment, if any to its	s public
	This entity is created by the	merger and	l is a domestic fili	ng entity, the publi	ic organic record is	attached.
	This entity is created by the limited liability partnership,				ed partnership or a	domestic
	This entity is a foreign entity state. The mailing address 605.0117 and Chapter 48, F	to which th	ne department may			
<u>FIFT</u>	H: This entity agrees to pay ar	ny member	s with appraisal r	ights the amount, to	o which members a	re entitled
under	ss.605.1006 and 605.1061-60	5.1072, F.S	5.			
SIXT	H: If other than the date of file	ling, the de	laved effective da	te of the merger, w	hich cannot be pri	or to nor
	than 90 days after the date this					
			·	- 		
SEVE	ENTH: Signature(s) for Each	Party:				
Name of Entity/Organization:			Signature(s):		Typed or Printed Name of Individual:	
TML Partners LLC (DE)		answel Balan		Emanuel B. Halper		
TML	Partners LLC (FL)		Conseque Co	Bulu	Emanuel B. Halpe	
Согра	orations:	Chairma	ı, Viçe Chairman	President or Offic	er	
•		(If no direc	tors selected, signati	re of incorporator)		
_						
	al partnerships:	Signature		ner or authorized p	erson	
Florid	la Limited Partnerships:	Signature Signature	es of all general pa	ner or authorized p artners	erson	
Florid Non-F	la Limited Partnerships: Florida Limited Partnerships:	Signature Signature Signature	es of all general part of a general part	ner or authorized p artners ner	erson	
Florid Non-F	la Limited Partnerships:	Signature Signature Signature	es of all general pa	ner or authorized p artners ner	erson	
Florid Non-F Limite	a Limited Partnerships: Florida Limited Partnerships: ed Liability Companies:	Signature Signature Signature Signature	es of all general part e of a general part e of an authorized	ner or authorized p artners ner person		\$35.00
Florid Non-F	la Limited Partnerships: Florida Limited Partnerships: ed Liability Companies:	Signature Signature Signature Signature Company:	es of all general part of a general part	ner or authorized p artners ner	ration:	\$35.00 \$25.00