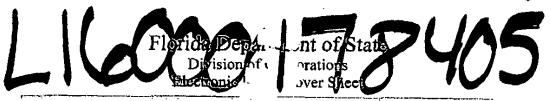
Division of Corporations

Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000083855 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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Fax Number : (850)617-6380

From:

Account Name : FRESE HANSEN Account Number : 1200000000258 Phone : (321)984-3300 fax Number : (321)951-3741

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

MERGER OR SHARE EXCHANGE RCP2, LLC

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MAR 28 2016

T. LEMIEUX

#H17	000083855 3	C	over l _i ettef	3
TO:	Amendment Section			
	Division of Corporations			₹
SUBJ	ECT: RCP2, LLC, A FLORIDA LIMITE	D LIABILI	ITY COMPANY	
		Name	c of Surviving Pa	arty
The en	aclosed Certificate of Merger and fee(s)) are submi	itted for filing.	
Pleasc	return all correspondence concerning t	this matter	to:	
Melan	ie Chastain			
	Contact Person	— ———		,
Frese,	Hansen, Anderson, Anderson, Heuston & 1	Whitehead,	PA	
	Firm/Company			
2200 F	Front Street, Suite 301	•		
	Address			
Melbo	ume, FL 32901			
	City, State and Zip Co	ode	· · · · · ·	
mchas	tain@fresebausen.com			
	E-mail address: (to be used for future	annual rep	ort notification)	
For fu	ther information concerning this matter	r. nlease ca	A]]-	
	ie Chastain	at (300
	Name of Contact Person	at (Area Code	Daytime Telephone Number
0	Certified copy (optional) \$30.00			
STRE	ET ADDRESS:		MAILING AD	DRESS:
	lment Section		Amendment Se	
	on of Corporations		Division of Cor	
	Building		P. O. Box 6327	
	Executive Center Circle		Tallahassee, FL	. 32314

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Articles of Merger For

FILED

Florida Limited Liability Company MAR 27 A 9 14

SECRETARY OF STATE.

The following Articles of Merger is submitted to merge the following Florida Limited Limited English 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

RCP2, LLC

Delaware

Limited Liability Company

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

Name

Jurisdiction

Form/Entity Type

Form/Entity Type

Limited Liability Company

Limited Liability Company

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).

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<u>FOU</u>	RTH: Please check one of the	boxes that ag	oply to surviving	entity: (if applicab	le)				
123	This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic recourse attached.								
	This entity is created by the	merger and is	a domestic filing	entity, the public	organic record is attacl	hod.			
a	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.								
5	This entity is a foreign entity mailing address to which the Florida Statutes is:	/ that does not : department t	t have a certificat nay send any pro	e of authority to tre coss served pursua	ansact business in this nt to s. 605.0117 and C	state. The Inapter 48,			
FIFT \$5.605	H: This entity agrees to pay an 1006 and 605,1061-605.1072,	y members wi F.S.	ith appraisai righ	ts the emount, to w	hich members are enti	ded under			
SIXT days s	H: If other than the date of fill after the date this document is fi	ng, the delaye iled by the Flo	ed effective date o orida Department	of the merger, which of State:	ch cannot be prior to re	or more than 90			
Note: na tho	If the date inserted in this bloc document's effective date on the	k does not m	eet the applicable	statutory filing red		rill not be listed			
SRYK	NTH: Signature(s) for Each P	arty;				_			
Name	of Entity/Organization;		Signature(str	47	Typed or Printer Name of Individua				
	LLC (Florida)	Be By	Signature(s)	s, Lic	Charles Genoni,				
					<u> </u>				
RCP2,	LLC (Delsware)	Be By	ach land Mana	ers, LLC	Charles Genopi,	Manager			
			110						
Согро.	rations:			President or Offic					
	al partnerships:	Signature	of a general part	ner or authorized p	erson				
Florida Limited Partnerships: Signatures of all general partners									
Non-Florida Limited Partnerships: Signature of a gen									
LAITIICO	d Liability Companies;	Signature	of an authorized	person					
Pecs:	For each Limited Liability Co	ompany:	\$25.00	For each Cor	poration:	\$35.00			
	For each Limited Partnership.	:	\$52.50	For each Ger	emi Parmership:	\$25.00			
	For each Other Business Entire	ty:	\$25.00	Certified Co	ov (optional):	\$30,00			