

U7000053974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

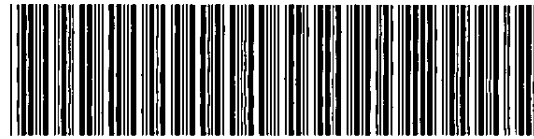
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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04/12/17--01001--001 \*\*100.00

RECEIVED  
DEPARTMENT OF STATE  
17 APR 11 PM 3:02

*Merge*

APR 12 2017

R. WHITE

17 APR 11 AM 11:09

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**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 4/11 Glinda

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- ☒ **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- ☒ **FILING** **MERGER** \_\_\_\_\_

- 1. **ISLAMORADA ASSOCIATES**  
(CORPORATE NAME AND DOCUMENT #)
- 2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
- 3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
- 4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
- 5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
- 6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

*File 2nd*

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17 APR 11 AM 11:09

**Certificate of Merger  
For  
Florida Partnership**

The following Certificate of Merger is submitted in accordance with s. 620.8918, Florida Statutes.

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

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
<u>Islamorada Associates</u>	<u>Florida</u>	<u>General partnership</u>
<u>ISLAMORADA HOLDCO (LR&amp;R), LLC</u>	<u>Florida</u>	<u>Limited liability company</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

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

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
<u>ISLAMORADA HOLDCO (LR&amp;R), LLC</u>	<u>Florida</u>	<u>Limited liability company</u>

**THIRD:** The date the merger is effective under the governing laws of the surviving party is: April 7, 2017.

**(NOTE:** If survivor is a Florida partnership, effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State. If survivor is not a Florida partnership, effective date shall be as provided in the governing law of the surviving party.)

**FOURTH:** The merger was approved by each party as required by its governing law.

**FIFTH:** If the surviving party is a foreign organization not qualified to transact business in this state, the street address and mailing address of an office which the Florida Department of State may use for the purposes of s. 620.8919(2), F.S., are as follows:

Street address:

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Mailing address:

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**SIXTH:** Other provisions, if any, relating to the merger:

**SEVENTH:** Signature(s) for Each Party:

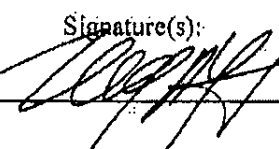
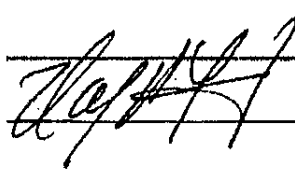
(Merger must be signed by all general partners of each partnership and by the authorized representative of each other party.)

Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:
Islamorada Associates		NEIL P. LINDEN (GP)
		NEIL S. ROLLNICK (GP)
		LAWRENCE N. ROSEN (GP)
ISLAMORADA HOLDCO (LR&R), LLC		NEIL P. LINDEN (AMBR)
		NEIL S. ROLLNICK (AMBR)
		LAWRENCE N. ROSEN (AMBR)

**Fees:** Filing Fees: \$25.00 Per Party  
Certified Copy: \$52.50 (Optional)  
Certificate of Status: \$8.75 (Optional)

**SEVENTH:** Signature(s) for Each Party:

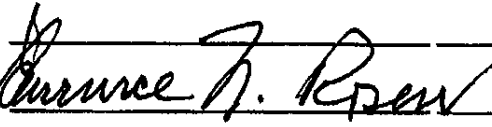
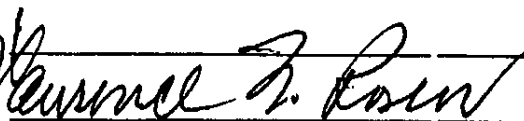
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