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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
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#### COVER LETTER

то:	Amendment Section Division of Corporations	
SUBJ	ECT: WAXY O'CONNOR'S L	LC
0000		Name of Surviving Party
Please	return all correspondence c	oncerning this matter to:
		antiformation
AMY J	. GALLOWAY	Cost cintri aciti.
	Contact Perso	on Start
AMY J	. GALLOWAY, P.A.	•
	Firm/Compar	Y 5.1 年或代明的原则
3020 N	E 32ND AVENUE, SUITE 226	
	Address	With the second
FORT I	LAUDERDALE, FL 33308	
АМҰЈО	City, State and Zinable GOM	gmyjgklowry@gmil.com
E-	mail address: (to be used for futu	re annual report notification)
For fu	rther information concerning	g this matter, please call:
	GALLOWAY	1 at (954 )315-4887
	Name of Contact Person	Area Code and Daytime Telephone Number
<b>=</b> C	ertified Copy (optional) \$8.	75 (1.790f) 16 (1.77)
	ET ADDRESS:	MAILING ADDRESS:
	Iment Section	Amendment Section
	on of Corporations	Division of Corporations P. O. Box 6327
	n Building Executive Center Circle	Tallahassee, FL 32314
	assee, FL 32301	4 . 7

1-12-13-6

## Articles of Merger For Florida Profit or Non-Profit Corporation Into Other Business Entity

The following Articles of Merger are submitted to merge the following Florida Profit and/or Non-Profit Corporation(s) in accordance with s. 607.1109, 617.0302 or 605.1025, Florida Statutes.

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

<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
WAXY O'CONNOR'S INC.	FLORIDA	CORPORATION - QQ6-96560
		<del></del>
	orm/entity type, and jurisdi	iction of the surviving party are
as follows:	•	
<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
WAXY O'CONNOR'S LLC	FLORIDA	LIMITED LIABILITY COMPANY
		117 :25500

THIRD: The attached plan of merger was approved by each domestic corporation, limited liability company, partnership and/or limited partnership that is a party to the merger in accordance with the applicable provisions of Chapters 607, 605, 617, and/or 620, Florida Statutes.

<b>FOURTH:</b> The attached plan of merger was approved by each other business entity that is a party to the merger in accordance with the applicable laws of the state, country or jurisdiction under which such other business entity is formed, organized or incorporated.
<b>FIFTH:</b> If other than the date of filing, the effective date of the merger, which cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State:
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
SIXTH: If the surviving party is not formed, organized or incorporated under the laws of Florida, the survivor's principal office address in its home state, country or jurisdiction is as follows:

**SEVENTH:** If the surviving party is an out-of-state entity, the surviving entity:

- a.) Appoints the Florida Secretary of State as its agent for service of process in a proceeding to enforce any obligation or the rights of dissenting shareholders of each domestic corporation that is party to the merger.
- b.) Agrees to promptly pay the dissenting shareholders of each domestic corporation that is a party to the merger the amount, if any, to which they are entitled under s. 607.1302, F.S.

#### **EIGHTH:** Signature(s) for Each Party:

Name of Entity/Organization: WAXY O'CONNORS, INC.	Signature(s):	Typed or Printed Name of Individual: MARK ROHLEDER
WAXY O'CONNORS, LLC	MFCM	MARK ROHLEDER
Corporations:	Chairman, Vice Chairman,	
General Partnerships: Florida Limited Partnerships: Non-Florida Limited Partnerships: Limited Liability Companies:	Signature of a general partn Signature of all general partn Signature of all general partn Signature of a general partn Signature of a member or au	er or authorized person tners er
Fees:	\$35.00 Per P	arty
Certified Copy (optional):	\$8.75	

#### PLAN OF MERGER

<b>FIRST:</b> The exact name, form follows:	ventity type, and jurisdiction to	or each <u>merging</u> party are as
<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
WAXY O'CONNOR'S INC.	FLORIDA	CORPORATION
<u> </u>		
SECOND: The exact name, for	orm/entity type, and jurisdictio	n of the <u>surviving</u> party are
as follows: Name	Jurisdiction	Form/Entity Type
WAXY O'CONNOR'S LLC	FLORIDA	LIM. LIABILITY COMPANY
liability company organ	ized under the laws of	the state of Florida.
The effective date for	the merger shall be the	date of filing the Articles
of Merger with the Secr	etary of State. The ow	mership of the surviving entity
shall remain unchanged	and the surviving entiy	shall continue to operate under
the trade name Waxy O'C	onnor's and has full au	thority to do so from the merging
entity.		
(Atta	ch additional sheet if necessar	y)

### FOURTH:

A. The manner and basis of converting the interests, shares, obligations or other securities of each merged party into the interests, shares, obligations or others securities of the survivor, in whole or in part, into cash or other property is as follows:	
All shares issued and outstanding of the merged entity shall be redeemed	
and held by the surviving entity. The surviving entity shall there-	
after as directed by the Manager and with the approval of the Member issue	
Interests equal to Eightly Percent of the authorized and outstanding Interes	ts
to Mark Rohleder in consideraton for his ownership interest in the merged	
entity and his capital account in the surviving entity will be valued at an	
amount equal to the book value of the merged entity at the time of said merge	r.
(Attach additional sheet if necessary)	
B. The manner and basis of converting the <u>rights to acquire</u> the interests, shares, obligations or other securities of each merged party into the <u>rights to acquire</u> the interests, shares, obligations or others securities of the survivor, in whole or in part, into cash or other property is as follows:	
Not applicable	
(Attach additional sheet if necessary)	

N/A	
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	•
	(Attach additional sheet if necessary)
	(much didinoral sheet if necessary)
NYTH: If a limited	
ach manager or man	liability company is the survivor, the name and business address of aging member is as follows:
each manager or man Manager: Mark Rohled	liability company is the survivor, the name and business address of aging member is as follows:  [1905 SE ]7th Street Causeway, Ft. Lauderdale, FL
ach manager or man Janager: Mark Rohled	liability company is the survivor, the name and business address of aging member is as follows:  1905 SE 17th Street Causeway, Ft. Lauderdale, FL
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	liability company is the survivor, the name and business address of aging member is as follows:  [1905 SE ]7th Street Causeway, Ft. Lauderdale, FL

	(Attach additional sheet if necessary)
GHTH: Other p	provision, if any, relating to the merger are as follows:
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