LSOC	MOLA
(Requestor's Name) 	700307973887
(City/State/Zip/Phone #)	02/06/1801018012 **60.00
(Business Entity Name) (Document Number)	18 FEB -6
Certified Copies Certificates of Status	
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CAPITAL CONNECTION, INC 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-	2301
TLR LEGACY HOLDINGS LLC	
	Art of Inc. File
	LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark
l	Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal
	Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing
	Certificate of Status Certificate of Fictitious Name Corp Record Search
Signature	Officer Search Fictitious Search Fictitious Owner Search Vehicle Search
Requested by: B_{A} 2/6/18	Driving Record UCC 1 or 3 File UCC 1 Search
Name Date Time Walk-In Will Pick Up	UCC 11 Search UCC 11 Retrieval
124 Ponder's Print, ng - Thom isvite GA 8/00	Courier

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COVER LETTER	
TO: Amendment Section Division of Corporations	
SUBJECT: TLR LEGACY HOLDINGS LLC	
Name of Surviving Party	
The enclosed Certificate of Merger and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
Michele B. Softness	
CANTON Fields JORDEN BUNT, P.A.	
100 SE SECOND AVE #4200	
MIAMI FOREda 33131 City, State and Zip Code	
<u>E:mail address: (to be used for future annual report notification)</u>	

For further information	on concerning this matter, please	e call:		1
Michiele	SOFTNESS at (305,5	39	7234
	ntact Person			ne Telephone Number

Certified copy (optional) \$30.00

STREET ADDRESS:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS:

Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

CR2E080 (2/14)

Articles of Merger For Florida Limited Liability Compa	18 FEB -6 AH 9: 53
	TAPE AN TARA SERVICE

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:

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MSTERI	Realty, Inc.	New York	Form/Entity Type O(p)(ato)
<u> </u>			

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

Name	Jurisdiction	Form/Entity Type
TLR: LEGACY Holdings	Flonda	I mited liability
LLC		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).

FOURTH: Please check one of the boxes that apply to surviving entity: (if applicable)

- 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 is a domestic filing 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:

FIFTH: This entity agrees to pay any members with appraisal rights the amount, to which members are entitled under ss.605.1006 and 605.1061-605.1072, F.S.

SIXTH: If other than the date of filing, the delayed 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:

Note: 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.

SEVENTH: Signature(s) for Each Party:

Typed or Printed Name of Entity/Organization: Name of Individual: Signature(s) ROSSIN, Kres.

Corporations:

General partnerships: Florida Limited Partnerships: Non-Florida Limited Partnerships: Limited Liability Companies:

For each Limited Liability Company: Fees: For each Limited Partnership: For each Other Business Entity:

Chairman, Vice Chairman, President or Officer (If no directors selected, signature of incorporator.) Signature of a general partner or authorized person Signatures of all general partners Signature of a general partner Signature of an authorized person



For each Corporation: For each General Partnership: Certified Copy (optional):

