

L20000005787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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(Business Entity Name)

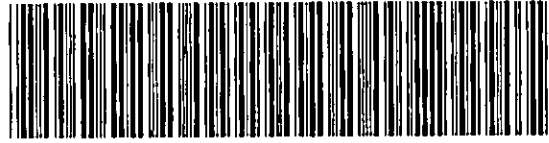
(Document Number)

Certified Copies _____ Certificates of Status _____

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20 MAR 10 PM 1:33

01/31/20--01026--018 *109.00

MAR 10 2020
C. M. SMITH

COVER LETTER

20 MAR 10 PM 1:33

TO: Amendment Section
Division of Corporations

SUBJECT: MAJEM 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:

Michael Miller, Manager
Contact Person

Company/Company

24 East Drive
Address

Livingston, New Jersey 07039
City, State and Zip Code

mgnma@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela C. Polifron at (973) 467-8000
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Certified copy (optional) \$52.50

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

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**Certificate of Merger
For
Florida Limited Partnership or Limited Liability Limited Partnership**

FILED IN PUBLIC RECORDS
20 MAR 10 PM 1:33

The following Certificate of Merger is submitted in accordance with s. 620.2108, 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>
Majem Holdings, LP	Florida	LP
Majem Holdings, LLC	Florida	LLC
_____	_____	_____
_____	_____	_____

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>
Majem Holdings, LLC	Florida	LLC
_____	_____	_____

THIRD: The date the merger is effective under the governing laws of the surviving party is: 12/31/2019.

(NOTE: If survivor is a Florida limited partnership or limited liability limited 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 limited partnership or limited liability limited partnership, effective date shall be as provided in survivor's governing statute.)

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. 620.2109(2), F.S., are as follows:


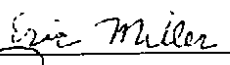

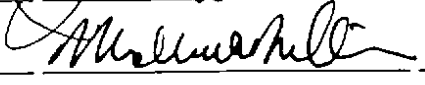
Street address: _____

Mailing address: _____

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

SEVENTH: Signature(s) for Each Party:

(Merger must be signed by all general partners of Florida limited partnerships or limited liability limited partnerships and by the authorized representative of each other party.)

Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:
Majem Holdings, LP		Michael Miller
Majem Holdings, LP		Eric Miller
Majem Holdings, LP		Jason Miller
Majem Holdings, LLC		Michael Miller

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