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PICK-UP	WAIT	MAIL		
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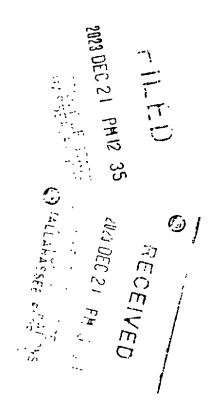
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### **Filing Cover Sheet**

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rom: LESLIE SELLERS C/O Capitol Services, Inc.

ate: 12/21/2023

rans#: 1430085

intity Name: BARRON COLLIER CAPITAL, LLC

Articles of Incorporation ( )	Amendment ( )	
Articles of Dissolution ( )	Annual Report ( )	
Conversion ( )	Fictitious Name ( )	
Foreign Qualification ( )	Limited Liability ( )	
Limited Partnership ( )	Merger (XXX)	
Reinstatement ( )	Withdrawal / Cancellation ( )	
Other ( )	Partnership Registration ( )	

STATE FEES PREPAID WITH CHECK #\_3660\_FOR\_\$157.50

#### **PLEASE RETURN:**

<u>Certified Copy (XXX)</u> Plain Stamped Copy ( )

Good Standing ( ) Certificate of Fact ( )

Phone: 855-498-5500

survivor's governing statute.)

FILED

#### Certificate of Merger For

9093 DEC 21 PM 12 35

## Florida Limited Partnership or Limited Liability Limited Partnership

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: Jurisdiction Form/Entity Type Name Florida LLLP Ocean Boulevard Partnership, LLLP SECOND: The exact name, form/entity type, and jurisdiction of the surviving party are as follows: **Jurisdiction** Form/Entity Type Name Florida LLC Barron Collier Capital, LLC **THIRD:** The date the merger is effective under the governing laws of the surviving party is: \_\_\_\_ January 1, 2024 (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

**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:
Ocean Boulevard Partnership, LLLP	P. Clakeder Gable	R. Blakeslee Gable
Barron Collier Capital, LLC	reffrey S. Sonalia	Jeffrey S. Sonalia

Fees: Filing Fees:

\$52.50 Per Party

Certified Copy:

\$52.50 (Optional)

Certificate of Status: \$8.75 (Optional)