L24000407181

(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



100436192291

09/16/24--01025--003 **235.00

5734 SOF 15 FM 6: 6.7



TAX, BANKRUPTCY & BUSINESS LAW

Heidi E. Aboulian

Legal Assistant Phone: 401-421-5115 ext. 222 Fax: 401-421-5141 HAboulian@McLaughlmQuinn.com

September 13, 2024

Via Federal Express #7785 7758 4019

Florida Department of State Division of Corporations 2415 N. Monroe St., Ste. 810 Tallahassee, FL 32303

Re: Burnham Strickler Properties, LLC Merger Documents

Dear Sir or Madam:

Please find the enclosed Articles of Organization for a Florida Limited Liability Company (Burnham Strickler Properties, LLC). Please also find enclosed Articles of Merger for Burnham Properties, LLC, a Massachusetts Company, to be merged into Burnham Strickler Properties, LLC, as the original entity name was already taken in Florida. Burnham Strickler Properties, LLC is to be the surviving Florida entity. There is also a check in the amount of \$230.00 made payable to the Florida Department of State. The breakdown of the \$230.00 is as follows:

- \$185.00 Filing Fee & Certified Copy
- \$50.00 (\$25.00 x 2) for each Limited Liability Company (per instructions)

I am also enclosing a self-addressed prepaid envelope for the Certified Copy.

Please feel free to contact me if you have any questions.

Thank you in advance for your help with this matter. It is greatly appreciated!

Very truly yours.

Hear' Moultan

Héidi Aboulian

Enclosures

COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: Burnham Strickler Properties, 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:

Marcus Howell, Esq.

Contact Person

McLaughlinQuinn LLC

Firm/Company

148 West River Street, Suite 1E

Address

Providence, RI 02904

City. State and Zip Code

mhowell@mclaughlinguinn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marcus Howell, Esq.

_{at (}401

,421-5115 x230

Name of Contact Person

Area Code

Daytime 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 (2/20)

Articles of Merger For Florida Limited Liability Company

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:

<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
Burnham Properties, LLC	Massachusetts	LLC
Burnham Strickler Properties, LLC	Florida	LLC
SECOND: The exact name, form/entity type	e, and jurisdiction of the <u>surviving</u>	party are as follows:
Name	<u>Jurisdiction</u>	Form/Entity Type
Burnham Strickler Properties, LLC	Florida	LLC

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).

Docusign Envelope 1D: 57B05BEF-6149-4322-BB0D-028184845FD5

<u>rour</u>	TH: Please check one of the be	oxes mai a _l	opty to surviving cir	iny, (ii applicable)		
□ .	This entity exists before the me are attached.	erger and is	a domestic filing e	ntity, the amendment. i	f any to its publ	ic organic record
\square	This entity is created by the me	erger and is	a domestic filing e	ntity, the public organic	record is attac	hed.
	This entity is created by the me liability partnership, its stateme				rship or a dome	stic limited
	This entity is a foreign entity the mailing address to which the de Florida Statutes is:					
ss.605 SIXT	H: This entity agrees to pay any rough 1006 and 605.1061-605.1072. F H: If other than the date of filing fter the date this document is file. If the date inserted in this block	.S. g. the delayed by the F	ed effective date of lorida Department o	the merger, which can f State:	not be prior to n	or more than 90
	document's effective date on the					
SEVE	NTH: Signature(s) for Each Par	rty:			Typed or	Printed
Name	of Entity/Organization:		Signature(a):			Individual:
Bur	nham Properties, Ll	LC	David P. Strid	der	David P.	Strickler
Burr	nham Strickler Propertie	es, LLC	David P. Strid	der	David P.	Strickler
Corpo	prations:		n, Vice Chairman,			
Gener	al partnerships:			<i>nature of incorporator.</i> er or authorized person		
	a Limited Partnerships:	Signatur	es of all general par	tners		
	Florida Limited Partnerships: ed Liability Companies:		e of a general partn e of an authorized p			
Fees:		_	\$25.00	For each Corporat	ion:	\$35.00
1 2231	For each Limited Partnership:		\$52.50	For each General I	Partnership:	\$25.00
	For each Other Business Entity	v:	\$25.00	Certified Copy (o	ptional):	\$30.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	kilisu Commonuia		
The name of the Limited Lia	ionity Company is.		
	er Properties, LLC		
(Must	contain the words "Limited Li	ability Compan	y, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and stre	eet address of the principal off	ice of the Limit	ed Liability Company is:
<u>Pri</u>	ncipal Office Address:		Mailing Address:
7952 Cranes Poi	nte Way		952 Cranes Pointe Way
West Palm Beac	h, FL 33412	<u> </u>	est Palm Beach, FL 33412
(The Limited Liability Companother business entity with	Agent, Registered Office, & pany cannot serve as its own F an active Florida registration reet address of the registered	Registered Agen	it. You must designate an individual or
The name and the Florida St	reet address of the registered	ageill are.	
	David P. Strickler		
		Name	
	7952 Cranes Pointe W	'ay	
	Florida street address	(P.O. Box NO)	[acceptable)
	West Palm Beach	FL	33412
	City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

Title: "AMBR" = Aut "MGR" = Mana	Name and Address:	
	-	
MGR	David P. Strickler 7952 Cranes Pointe Way	
	West Palm Beach, FL 33412	
		
ffective date is lis	at if necessary) date, if other than the date of filing: (OPTI sted, the date must be specific and cannot be more than five business days p	ONAL) prior to or 90 c
effective date is list e of filing.) If the date inserte	date, if other than the date of filing: (OPTI sted, the date must be specific and cannot be more than five business days per din this block does not meet the applicable statutory filing requirements, this educe on the Department of State's records.	orior to or 90 c
ffective date is list e of filing.) If the date inserte cument's effective	date, if other than the date of filing: (OPTI sted, the date must be specific and cannot be more than five business days ped in this block does not meet the applicable statutory filing requirements, this edate on the Department of State's records. EVISIONATURE:	orior to or 90 c
effective date is list e of filing.) If the date inserte cument's effective	date, if other than the date of filing:	orior to or 90 c
ffective date is list of filing.) If the date inserte cument's effective CLE VI: Other pro	date, if other than the date of filing: (OPTI sted, the date must be specific and cannot be more than five business days ped in this block does not meet the applicable statutory filing requirements, this edate on the Department of State's records. EVISIONATURE:	orior to or 90 o
ffective date is list of filing.) If the date inserte cument's effective CLE VI: Other pro	date, if other than the date of filing:	er.
ffective date is list of filing.) If the date inserte cument's effective CLE VI: Other pro	date, if other than the date of filing:	er.
ffective date is list of filing.) If the date inserte cument's effective CLE VI: Other pro	date, if other than the date of filing:	er.
ffective date is list of filing.) If the date inserte cument's effective CLE VI: Other pro	date, if other than the date of filing:	er.
ffective date is list of filing.) If the date inserte cument's effective CLE VI: Other pro	date, if other than the date of filing:	er.
effective date is list e of filing.) If the date inserte cument's effective	date, if other than the date of filing:	er. rida Statutes. ment of State
ffective date is lise of filing.) If the date inserte cument's effective CLE VI: Other pro	date, if other than the date of filing:	er. rida Statutes. ment of State
ffective date is list of filing.) If the date inserte cument's effective CLE VI: Other pro REOUIRED S	date, if other than the date of filing:	er.