

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RE-SUBMIT

To: Division of Corporations
Fax Number : (850) 617-6380

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From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please**

Email Address: _____

**MERGER OR SHARE EXCHANGE
AOA OFFICE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$77.50

Attn: Annette
Ramsey

Electronic Filing Menu Corporate Filing Menu

JUL 31 2015
A RAMSEY
Help



July 28, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AOA OFFICE, LLC
C/O ADLER GROUP INC.
1400 NW 107TH AVENUE, 5TH FLOOR
DORAL, FL 33172

SUBJECT: AOA OFFICE, LLC
REF: M08000003776

RE-SUBMIT

Please retain original filing
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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

Please remove the effective date from the 3rd paragraph on page 1 of the certificate of merger. The effective date can not be prior to the date of filing. Please have an authorized representative from AOA Office LLC sign the document.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

FAX Aud. #: H15000176138
Letter Number: 415A00015756

RECEIVED
15 JUL 30 PM 4:50
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

2015 JUL 20 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**Certificate of Merger
For
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:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
ADZIN, Ltd.	FL	L.P.
_____	_____	_____
_____	_____	_____
_____	_____	_____

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>
AOA Office, LLC	DE	LLC
_____	_____	_____

THIRD: The date the merger is effective under the governing laws of the surviving party is: July 16, 2015.

(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:
ADZIN, Inc.	BY: <u>Tina Spano</u>	TINA SPANO Secretary/Treasurer
ADA OFFICE, LLC	BY: <u>Tina Spano</u>	<u>Tina Spano</u> Authorized Representative

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