Division of Corporations **Electronic Filing Cover Sheet**

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(((H15000185655 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850)878-5368

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

Email Address:

MERGER OR SHARE EXCHANGE MARSH & MCLENNAN AGENCY LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$85.00

R. WHITE

Electronic Filing Menu

Corporate Filing Menu

7/31/2015 11:04:35 AM From: To: 8506176380(2/4)

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Marsh & McLennan Agency LLC		
***************************************	Name of Surviving Party	
The enclosed Certificate of Merger and fe	e(s) are submitted for filing.	
Please return all correspondence concerning	ng this matter to:	
Heather Papaleo		
Contact Person		
Pepper Hamilton LLP		
Firm/Company		
3000 Two Logan Square		
Address		
Philadelphia, PA 19103		
City, State and Zip Code		
papaleoh@pepperlaw.com		
E-mail address: (to be used for future annu	al report notification)	
For further information concerning this m	atter, please call:	
Heather Papaleo	at (215)981-4787	
Name of Contact Person	Area Code Daytime Telephone Number	
Certified copy (optional) \$30.00		
STREET ADDRESS: MAILING ADDRESS:		
Amendment Section	Amendment Section	
Division of Corporations		
Clifton Building	P. O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314	

CR2E080 (2/14)

FRED

Articles of Merger For Chondi And Constitution State Florida Limited Liability Company FALL AHASSEE, FLORIDA

15 JUL 31 AH 4: 12

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
Tequesta Agency Inc.	Florida	Corporation
Tequesta Insurance Advisors, LLC	Florida	Limited Liability Company
	·	
SECOND: The exact name, form/enti	ty type, and jurisdiction of th	ne <u>surviving</u> party are as follows:
<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
Marsh & McLennan Agency LLC	Delaware	Limited Liability 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).

7/31/2015 11:04:35 AM From: To: 8506176380(4/4)

<u>FOUI</u>	RTH: Please check one of the	boxes that apply to	o surviving	entity: (if applicable)				
	This entity exists before the organic record are attached.	merger and is a don	nestic filing	s entity, the amendment, if any to it	s public			
	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:							
under SIXT	ss.605.1006 and 605.1061-60	5.1072, F.S. ing, the delayed eff	fective date	nts the amount, to which members a of the merger, which cannot be pri ida Department of State:				
<u>SEVI</u>	ENTH: Signature(s) for Each	Party:						
Name	of Entity/Organization:	Signatu	re(s):	Typed or Printe				
	& McLennan Agency LLC	\sim	1 /12		DLA VON			
Teque	sta Agency Inc .		xeQ	5 Deparkanoer	ON FLORE			
Teque	ista Insurance Advisors, LLC		x.d	N 410//	VON FRESTE			
Corpo	orations:	Chairman, Vice C		resident or Officer of incorporator.)				
	ral partnerships:	Signature of a ger	neral partne	er or authorized person				
	Florida Limited Partnerships: Signatures of all general partners Non-Florida Limited Partnerships: Signature of a general partner							
	Florida Limited Partnerships: ted Liability Companies:	Signature of an au						
Fees:	For each Limited Liability C	Company: \$2	5.00	For each Corporation:	\$35.00			
	For each Limited Partnershi	p: \$ 5	2.50	For each General Partnership:	\$25.00			
	For each Other Business Ent	iiv. \$ 2	5.00	Certified Conv (ontional):	\$30.00			