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To:

Division of Corporations

Fax Number

: (850)617-6380

Account Name

: CAPITOL SERVICES, INC.

Account Number : I20160000017

Phone

: (855)498-5500

Fax Number

: (800)432-3622

ter 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 SUNSET LAND ASSOCIATES LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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Corporate Filing Menu

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## 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:

Name SH Owner LLC	Jurisdiction Florida	Form/Entity Type LLC	
			2021 HAY
SECOND: The exact name, form/en	tity type, and jurisdiction of the <u>surviving</u> par	viving party are as follows:	13 PH 2:
Name Sunset Land Associates LLC	Jurisdiction Delaware	Form/Entity Type LLC	三 5

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).

1 of 3

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LOUR	AM: Please Check one of the	DONES THE SPECIAL	amis curry. (11	applicable)				
0	This entity exists before the n are attached.	nerger and is a domestic	filing entity, th	e amendment, if any to its publ	ic organic record			
	This entity is created by the merger and is a domestic filing entity, the public organic record is attached.							
٥	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.							
3	This entity is a foreign entity that does not have a certificate of authority to transact business in this state, mailing address to which the department may send any process served pursuant to s. 605.0117 and Chapt Florida Statutes is:							
	Sunset Land Associates LLC			;				
	590 N.E. 52nd Terrace							
	Miami, FL 33137							
	If the date inserted in this bloc document's effective date on the			filing requirements, this date w	vill not be listed			
SEVE	NTH: Signature(s) for Each P	arty:						
Name	of Entity/Organization:	Signature	a);_	Typed or Printe Name of Individua				
SH Ow	mer LLC	5/	0	Ari Shalam				
Sunset	Land Associates LLC		78-	Ari Shalam				
Corpor	rations:	Chairman, Vice Chair						
Gener	al partnerships:	(If no directors select Signature of a general		· ·				
	Limited Partnerships:	Signatures of all gen						
	lorida Limited Partnerships:	Signature of a genera						
Limite	d Liability Companies:	Signature of an author	rized person					
Fees:	For each Limited Liability Co	ompany: \$25.	DO For	each Corporation:	\$35.00			
	For each Limited Partnership			each General Partnership:	\$25.00			
	For each Other Business Enti		00 Ce:	tifled Copy (optional):	<b>\$30.00</b>			