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| Special Instructions to | Filing Officer:    |             |
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SECRETARY OF STATE

T. CLINE

FEB 13 2009

EXAMINER

### **COVER LETTER**

| TO:                                     | Registration Section Division of Corporations |   |                        |             |                                   |
|---|---|---|------------------------|-------------|-----------------------------------|
| SUBJ                                    | ECT: Magellan Christian Acad                  |   | c.                     |             |                                   |
|   | (Name of Su                                   | rviving Party)                                    |                        |             |                                   |
| Please                                  | return all correspondence concerning          | this matter to:                                   |                        |             |                                   |
| C. R                                    | andolph Coleman                               |   |                        |             |                                   |
|   | (Contact Person)                              | · · · · · · · · · · · · · · · · · · ·             | _                      |             |                                   |
| The                                     | Coleman Law Firm, PLLC                        |   |                        |             |                                   |
|   | (Firm/Company)                                | ·· <del></del> · ······ · · · · · · · · · · · · · | _                      |             |                                   |
| 9250                                    | D Baymeadows Road, Suite                      | 450   |                        |             |                                   |
|   | (Address)                                     |   |                        |             |                                   |
| Jack                                    | sonville, FL 32256                            |   |                        |             |                                   |
| *************************************** | (City, State and Zip Code)                    | ····  | _                      | ゴの 質        |                                   |
|   |   |   |                        | F. 55       | enterly of                        |
| For fu                                  | rther information concerning this matte       | er, please call:                                  |                        | <b>基型 员</b> | المستحددة المالة<br>المستحددة إلا |
| C Ra                                    | andolph Coleman                               | at ( 904  | <sub>)</sub> 448-1969  | SSE -5      |                                   |
|   | (Name of Contact Person)                      | (Area Code  | e and Daytime Telephor | ne Number)  | . سبهد<br>غدر وا                  |
|   | Certified Copy (optional) \$8.75              |   |                        | C. 29       | -                                 |
| STRE                                    | ET ADDRESS:                                   | MAIL  | ING ADDRESS:           | •           |                                   |
| _                                       | ration Section                                | _   | ration Section         |             |                                   |
|   | on of Corporations                            |   | on of Corporations     |             |                                   |
|   | n Building                                    |   | 3ox 6327               |             |                                   |
| 2661 I                                  | Executive Center Circle                       | Tallah  | assee, FL 32314        |             |                                   |

Tallahassee, FL 32301

## Articles of Merger For Florida Profit or Non-Profit Corporation

The following Articles of Merger are submitted to merge the following Florida Profit and/or Non-Profit Corporation(s) in accordance with s. 607.1109 or 617.0302, Florida Statutes.

**<u>FIRST:</u>** The exact name, form/entity type, and jurisdiction for each <u>merging</u> party are as follows:

| <u>Name</u>                               | <u>Jurisdiction</u>             | Form/Entity Type                       |
|---|---------------------------------|--|
| Magellan Educational Servi                | ces, Inc. Florida               | For Profit Corporation                 |
| PO1-101                                   | 1810                            |  |
|   |                                 | ZOUS FEB                               |
|   |                                 | 17AR -5                                |
|   |                                 | E C                                    |
| <b>SECOND:</b> The exact name as follows: | , form/entity type, and jurisdi | ction of the <u>surviving</u> partyare |
| <u>Name</u>                               | <u>Jurisdiction</u>             | Form/Entity Type                       |
| Magellan Christian Academ                 | nies, Inc. Florida              | Not for Profit Corporation             |
| no8-10                                    | 243                             |  |

**THIRD:** The attached plan of merger was approved by each domestic corporation, limited liability company, partnership and/or limited partnership that is a party to the merger in accordance with the applicable provisions of Chapters 607, 608, 617, and/or 620, Florida Statutes.

FOURTH: The attached plan of merger was approved by each other business entity that is a party to the merger in accordance with the applicable laws of the state, country or jurisdiction under which such other business entity is formed, organized or incorporated.

FIFTH: If other than the date of filing, the effective date of the merger, which cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State:

SIXTH: If the surviving party is not formed, organized or incorporated under the laws of Florida, the survivor's principal office address in its home state, country or jurisdiction is

**SEVENTH:** If the surviving party is an out-of-state entity, the surviving entity:

as follows:

- a.) Appoints the Florida Secretary of State as its agent for service of process in a proceeding to enforce any obligation or the rights of dissenting shareholders of each domestic corporation that is party to the merger.
- b.) Agrees to promptly pay the dissenting shareholders of each domestic corporation that is a party to the merger the amount, if any, to which they are entitled under s. 607.1302, F.S.

#### **EIGHTH:** Signature(s) for Each Party:

| Magellan Educational Services, Inc | : 50 Hele     | Thomas A. Blito                         |
|------------------------------------|---------------|---|
| Magellan Christian Academies, Inc  | - Ta audi     | Thomas A. Blito                         |
| Name of Entity/Organization:       | Signature(s): | Typed or Printed<br>Name of Individual: |

Corporations:

General Partnerships:

Florida Limited Partnerships: Non-Florida Limited Partnerships:

Limited Liability Companies:

Chairman, Vice Chairman, President or Officer

(If no directors selected, signature of incorporator)
Signature of a general partner or authorized person

Signatures of all general partners

Signature of a general partner

Signature of a member or authorized representative

Fees:

\$35.00 Per Party

**Certified Copy (optional):** 

\$8.75

#### **PLAN OF MERGER**

| <b>FIRST:</b> The exact name, form/entity follows:  | type, and jurisdiction for ea              | ch merging party are as             |
|---|--|-------------------------------------|
|   | <u>Jurisdiction</u>                        | Form/Entity Type                    |
| Magellan Educational Services, Inc.   | Florida                                    | For Profit Corporation              |
| ···   |  |                                     |
|   |  |                                     |
|   |  |                                     |
| <b>SECOND:</b> The exact name, form/en as follows:  | tity type, and jurisdiction of             | the surviving party are             |
| <u>Name</u>   | <u>Jurisdiction</u>                        | Form/Entity Type                    |
| Magellan Christian Academies, Inc.  | Florida                                    | Not for Profit Corporation          |
| Upon the effective date, all assets and liabilities of surviving corporation, and all shares of the comments. |  | ·                                   |
| have been liquidated and extinguished. On the   | e effective date, the separate exister     | nce of the merging corporation      |
| shall cease, and the surviving corporation shall b  | e fully vested in the merging corporati    | ion's rights, privileges,immunities |
| , powers, and franchises, subject to the restr  | ctions, liabilities, disabilities, and d   | uties, all as more particularly     |
| set forth in Florida Statutes, Chapter 617. If  | at any time after the effective date t     | he surviving corporation shall      |
| determine any further conveyances, agreeme  | nts, documents, instruments, and as        | <u> </u>                            |
| is necessary or desirable to carry out the provisi  | ons of this plan, the appropriate office   | program States                      |
| or merging corporation, as the case may be, sha   | I execute and deliver, on the request      | of the surviving corporation, any   |
| and all such proper documentation , or performs any o   | ther acts necessary or proper to otherwise | 70 J                                |

(Attach additional sheet if necessary)

#### **FOURTH:**

A. The manner and basis of converting the interests, shares, obligations or other securities of each merged party into the interests, shares, obligations or others securities of the survivor, in whole or in part, into cash or other property is as follows:

The interests, shares, obligations or other securities of the merging corporation will be deemed to be liquidated and extinguished upon the effective date of the merger, the merging party shall transfer all assets, rights and obligations of the merging party to the surviving corporations, and the surviving corporation shall assume all of the indebtedness and other obligations of the merging party, as well as receiving the transfer of all assets and rights of the merging party.

(Attach additional sheet if necessary)

B. The manner and basis of converting the <u>rights to acquire</u> the interests, shares, obligations or other securities of each merged party into the <u>rights to acquire</u> the interests, shares, obligations or others securities of the survivor, in whole or in part, into cash or other property is as follows:

| Not Applicable. | <del></del> |
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| (Attach additional sheet if necessary)  |  |
| XTH: If a limited liability company is the survivor, the name and the manager or managing member is as follows: | nd business address of                 |
| ot Applicable   |  |
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| <b>ENTH:</b> Any statements that are required by the laws under which eaters entity is formed, organized, or incorporated are as follows: | on one.     |
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| ITH: Other provision, if any, relating to the merger are as follows:  |             |
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| (Attach additional sheet if necessary)  | <u> </u>    |