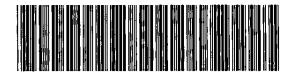


j.

| (Requestor's Name) | | | |
|---|-------------------|-------------|--|
| (Address) | | | |
| (Address) | | | |
| (Cit | ty/State/Zip/Phon | e #) | |
| PICK-UP | WAIT | MAIL | |
| (Business Entity Name) | | | |
| (Do | ocument Number |) | |
| Certified Copies | _ Certificate | s of Status | |
| Special Instructions to Filing Officer: | | | |
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09/25/15--01018--024 **50.00

10/16/15--01002--007 **20.00

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OCT 19 2015
R. WHITE

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| | |
| | COVER LETTER |
| TO: Amendment Section | |
| Division of Corporations | |
| SUBJECT: KMM Management, Inc. | |
| Name of Survivi | ing Corporation |
| The enclosed Articles of Merger and fee are su | abmitted for filing. |
| Please return all correspondence concerning th | is matter to following: |
| Jim Schwartz | |
| Contact Person | |
| Jim Schwartz Law | |
| Firm/Company | |
| | |
| 235 North Garden Ave | |
| Address | |
| Clearwater, FL 33755 | |
| City/State and Zip Code | |
| jim@jimschwartzlaw.com | |
| E-mail address: (to be used for future annual repor | rt notification) |
| For further information concerning this matter | r planta call: |
| For further information concerning this matter | , please can. |
| Jim Schwartz | At () 441 3334 |
| Name of Contact Person | Area Code & Daytime Telephone Number |
| | |
| Certified copy (optional) \$8.75 (Please sen | nd an additional copy of your document if a certified copy is requ |
| STREET ADDRESS: | MAILING ADDRESS: |
| Amendment Section | Amendment Section |
| Division of Corporations | Division of Corporations |
| Clifton Building | P.O. Box 6327 |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301 | hork of \$50 - \$25 per Co. |
| - / · | |



October 5, 2015

JIM SCHWARTZ 235 N GARDEN AVE CLEARWATER, FL 33755

SUBJECT: KMM MANAGEMENT, INC.

Ref. Number: P01000006994

We have received your document for KMM MANAGEMENT, INC. and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file articles of merger is \$35.00 per merging corporation. Therefore, there is a balance of \$20.00 due. Also, the manner and basis of converting the shares of each corporation into shares, obligations, or other securities of the surviving corporation. Fourth section under plan of merger) must be completed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Rebekah White Regulatory Specialist II

Letter Number: 115A00021020

Please note Section Fourth of the Plan of Meyer

Jim Schwartz 727 441 3334 jim Q jim Schwartzlaw. com

www.sunbiz.org

ARTICLES OF MERGER

(Profit Corporations)

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The following articles of merger are submitted in accordance with the Florida Business Corporation Act, pursuant to section 607.1105, Florida Statutes.

| Name | <u>Jurisdiction</u> | Document Number (If known/applicable) |
|--|--|--|
| KMM Management, Inc. | Florida | 119990000271 |
| Second: The name and jurisdict | ion of each merging corporation: | |
| Name | <u>Jurisdiction</u> | Document Number (If known/ applicable) |
| Clare Insurance Company | Anguilla | 1023451 |
| | | |
| | <u> </u> | |
| | | |
| | | |
| Third : The Plan of Merger is att | ached. | |
| Fourth: The merger shall become Department of State. | ne effective on the date the Articles | s of Merger are filed with the Florida |
| | | date cannot be prior to the date of filing or more |
| | nan 90 days after merger file date.) does not meet the applicable statutory filin ment of State's records. | ng requirements, this date will not be listed as the |
| Fifth: Adoption of Merger by <u>stands</u> . The Plan of Merger was adopted | urviving corporation - (COMPLET) by the shareholders of the survivin | E ONLY ONE STATEMENT) ag corporation on September 1, 2015 |
| | by the board of directors of the sur hareholder approval was not requi | |
| Sixth: Adoption of Merger by m | erging corporation(s) (COMPLETE | |
| The Plan of Merger was adopted | | <u> </u> |

(Attach additional sheets if necessary)

Seventh: SIGNATURES FOR EACH CORPORATION

| Name of Corporation | Signature of an Officer or | Typed or Printed Name of Individual & Title |
|-------------------------|----------------------------|---|
| KMM Mangement, Inc. | Director | Kevin M. McGrath |
| Clare Insurance Company | Bulleti | Kevin M. McGrath |
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PLAN OF MERGER

(Non Subsidiaries)

The following plan of merger is submitted in compliance with section 607.1101, Florida Statutes, and in accordance with the laws of any other applicable jurisdiction of incorporation.

| <u>Name</u> | <u>Jurisdiction</u> |
|--|--|
| KMM Management, Inc | Florida |
| Second: The name and jurisdiction of e | each merging corporation: |
| <u>Name</u> | <u>Jurisdiction</u> |
| Clare Insurance Company | Anguilla |
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| | - |
| The merger is not effective until filed with Flor | rida's divisionb of corporations. |
| The merger is not effective until filed with Flor | orida's division of corporations. will receive 25% of the outstanding shares of the surviving corporation on a pro rate |
| The merger is not effective until filed with Flor All of the merging corporation's shareholders v | orida's division of corporations. will receive 25% of the outstanding shares of the surviving corporation on a pro rate |
| All of the merging corporation's shareholders v | orida's division of corporations. will receive 25% of the outstanding shares of the surviving corporation on a pro rate |
| The merger is not effective until filed with Flor All of the merging corporation's shareholders v | orida's division of corporations. will receive 25% of the outstanding shares of the surviving corporation on a pro rate |

(Attach additional sheets if necessary)

property and the manner and basis of converting rights to acquire shares of each corporation into rights to acquire shares, obligations, or other securities of the surviving or any other corporation or, in whole or in part,

into cash or other property are as follows:

See Third above. **

Seventh: SIGNATURES FOR EACH CORPORATION

| Name of Corporation | Signature of an Officer or | Typed or Printed Name of Individual & Title |
|-------------------------|----------------------------|---|
| | Director | |
| KMM Mangement, Inc. | Lan Ma Jan | Kevin M. McGrath |
| Clare Insurance Company | Leen Me Sevet | Kevin M. McGrath |
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