

P03000060141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

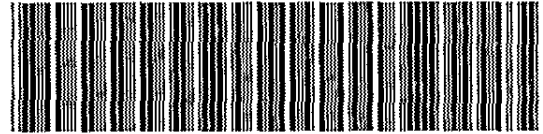
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

18.25

Office Use Only



600077846596

07/26/06--01012--014 \*\*43.75

07/26/06--01012--015 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 JUN 26 AM 10:56

FILED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NIKTRONICS  
(Name of Surviving Party)

Please return all correspondence concerning this matter to:

NICHOLAS MAROTTA  
(Contact Person)

NIKTRONICS  
(Firm/Company)

11225 2ND AVE EAST  
(Address)

BRADENTON, FL 34212  
(City, State and Zip Code)

For further information concerning this matter, please call:

NICHOLAS MAROTTA at ( 941 ) 730-5905  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

☒ Certified Copy (optional) \$8.75

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

FILED

06 JUN 26 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

**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>
MIKTRONICS, INC	FLORIDA	CORPORATION
P03-60141		

**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>
MIKTRONICS	FLORIDA	SOLE PROPRIETORSHIP
		6106135900245

**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 as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SEVENTH:** If the survivor is not formed, organized or incorporated under the laws of Florida, the survivor agrees to pay to any members with appraisal rights the amount, to which such members are entitled under ss.608.4351-608.43595, F.S.

**EIGHTH:** If the surviving party is an out-of-state entity not qualified to transact business in this state, the surviving entity:

a.) Lists the following street and mailing address of an office, which the Florida Department of State may use for the purposes of s. 48.181, F.S.:

Street address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b.) Appoints the Florida Secretary of State as its agent for service of process in a proceeding to enforce obligations of each limited liability company that merged into such entity, including any appraisal rights of its members under ss.608.4351-608.43595, Florida Statutes.

**NINTH:** Signature(s) for Each Party:

Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:
<u>NIKETRONICS, INC</u>	<u>N. Marotta</u>	<u>NICHOLAS MAROTTA</u>
<u>NIKETRONICS</u>	<u>N. Marotta</u>	<u>NICHOLAS MAROTTA</u>
_____	_____	_____
_____	_____	_____

Corporations:	Chairman, Vice Chairman, President or Officer (If no directors selected, signature of incorporator.)
General Partnerships:	Signature of a general partner or authorized person
Florida Limited Partnerships:	Signatures of all general partners
Non-Florida Limited Partnerships:	Signature of a general partner
Limited Liability Companies:	Signature of a member or authorized representative

**Fees:** \$35.00 Per Party

**Certified Copy (optional):** \$8.75

## PLAN OF MERGER

**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>
<u>NIKTRONICS, INC</u>	<u>FLORIDA</u>	<u>CORPORATION</u>
<u>NIKTRONICS</u>	<u>FLORIDA</u>	<u>SOLE PROPRIETORSHIP</u>

**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>
<u>NIKTRONICS</u>		<u>SOLE PROPRIETORSHIP</u>

**THIRD:** The terms and conditions of the merger are as follows:

A CONVERSION OF THE CORPORATION INTO  
A SOLE PROPRIETORSHIP.

(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~~ ALL INTERESTS, SHARES,  
OBLIGATIONS, + SECURITIES CONVERTED FROM  
NICHOLAS MAROTTA TO NICHOLAS MAROTTA.

(Attach additional sheet if necessary)

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

~~THE~~ ALL RIGHTS TO ACQUIRE (100%)  
CONVERTED FROM NICHOLAS MAROTTA TO NICHOLAS MAROTTA.

(Attach additional sheet if necessary)

**FIFTH:** If a partnership is the survivor, the name and business address of each general partner is as follows:

N/A

*(Attach additional sheet if necessary)*

**SIXTH:** If a limited liability company is the survivor, the name and business address of each manager or managing member is as follows:

N/A

*(Attach additional sheet if necessary)*



**SEVENTH:** Any statements that are required by the laws under which each other business entity is formed, organized, or incorporated are as follows:

N/A

(Attach additional sheet if necessary)

**EIGHTH:** Other provision, if any, relating to the merger are as follows:

N/A

06 JUN 26 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

(Attach additional sheet if necessary)