P04000150614

(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:

Office Use Only



600081375356

06 NOV 13 AM 10: 50



ACCOUNT NO. : 072100000032

REFERENCE: 593760

AUTHORIZATION: Spelle exam

COST LIMIT : \$ 60.00

ORDER DATE: November 13, 2006

ORDER TIME: 10:09 AM

ORDER NO. : 593760-010

CUSTOMER NO: 4306349

ARTICLES OF MERGER

ALIANTFINANCIAL SERVICES, INC.

INTO

ALIANTFINANCIAL SERVICES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Doreen Wallace

EXAMINER'S INITIALS:



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:

Name	<u>Jurisdiction</u>	- <u>-</u> .	Form/Entity Type
AliantFinancial Services, Inc.	Florida		Corporation
AliantFinancial Services, LLC	Delaware	-, =-	Limited Liability Company
		· 5	
		ेंडर	*** k
	*-	<u> </u>	<u> </u>
SECOND: The exact name, form as follows:	n/entity type, and j	urisdiction o	of the <u>surviving</u> party are
Name	Jurisdiction	••	Form/Entity Type
AliantFinancial Services, LLC	Delaware	re Limited Liability Company	

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:
<u>SIXTH:</u> 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:
2711 Centerville Road, Suite 400, Wilmington, DE 19808
,
, , , , , , , , , , , , , , , , , , ,
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: 380 Southpointe Blvd., Suite 200, Canonsburg, PA 15317
Mailing address: 380 Southpointe Blvd., Suite 200, Canonsburg, PA 15317

2 of 7

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.

Name of Entity/Organization: Signature(s): Typed or Printed
Name of Individual:

AliantFinancial Services, Inc.

AliantFinancial Services, LLC

AliantFinancial Services, LLC

BRIAND. SIANDAM

Corporations:

General Partnerships: Florida Limited Partnerships:

Non-Florida Limited Partnerships:

NINTH: Signature(s) for Each Party:

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

<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
AliantFinancial Services, Inc.	Florida	Corporation
AliantFinancial Services, LLC	Delaware	Limited Liability Company
SECOND: The exact name, fo s follows:	• • • •	-
<u>Name</u>	Jurisdiction	Form/Entity Type
AliantFinancial Services, Inc.	Delaware	Limited Liability Company
AliantFinancial Services, LLC (the "C		· · · · · · · · · · · · · · · · · · ·
assume all of the rights and obligation	ns of Merger Co.	

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:		
Shares in Merger Co. shall be cancelled and shall be converted automatically into the right to receive		
cash consideration.		
	-	•
	-	••
		-
		٠.
(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:		
N/A		
		÷
		. 457

	·
	·
	•
(Attach additional sheet if necessary)	
IXTH: If a limited liability company is the survivor, the name and business address of ach manager or managing member is as follows:	
Financial Transaction Services LLC 380 Southpointe Blvd., Suite 200, Canonsburg, PA 15317	

SEVENTH: Any statements that are required by the laws under which each other business entity is formed, organized, or incorporated are as follows:	
	·····
	<u></u>
	<u></u> .
	·
(Attach additional sheet if necessary)	
EIGHTH: Other provision, if any, relating to the merger are as follows:	
	-
	
	
	- Traphia.
(Attach additional sheet if necessary)	· ,