## P10000086662

| (Re                     | equestor's Name)   | <u> </u>    |
|-------------------------|--------------------|-------------|
| (Ac                     | idress)            |             |
| (Ac                     | ldress)            |             |
| (Ci                     | ty/State/Zip/Phone | <b>→</b> #) |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| · (Bu                   | Isiness Entity Nan | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | Certificates       | of Status   |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
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|                         |                    |             |

Office Use Only



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10/27/10--01024--001 \*\*1400.00

EFFECTIVE DATE 10/31 2010

B. KOHR

OCT 28 2010

EXAMINER

10 0CT 27 AM 9: 09

## **COVER LETTER**

| TO:    | Registration Section                      |                |             |             | •                      | d,         |
|--------|---|----------------|-------------|-------------|------------------------|------------|
|        | Division of Corporations                  |                |             |             |                        | ِ <u>ب</u> |
| SUBJ   | ECT:                                      | CardFac        | t XVII,     | Inc.        |                        | Q          |
|        | Nam                                       | e of Survivin  | g Party     |             |                        |            |
| Please | e return all correspondence conce         | rning this r   | natter to   | ;           | EFFECTIVE DATE 10/31/2 | αro        |
|        | Leslie A. Kulick                          |                |             | <u>.</u>    | '                      |            |
|        | Contact Person                            |                |             |             |                        |            |
|        | Douthit Frets Rouse Gentile &             | Rhodes,        | LLC         |             |                        |            |
|        | Firm/Company                              |                |             | _           |                        |            |
|        | 903 E. 104th St., Ste                     | . 610          |             |             |                        |            |
|        | Address                                   |                |             | _           |                        |            |
|        | Kansas City, MO 64                        | 131            |             |             |                        |            |
|        | City, State and Zip Co                    |                |             | <del></del> |                        |            |
|        | lkulick@dfrglaw.co                        | ım             |             |             |                        |            |
| E      | -mail address: (to be used for future and | nual report no | tification) | <del></del> |                        |            |
| For fu | rther information concerning this         | s matter, ple  | ease call   | :           |                        |            |
|        | Leslie A. Kulick                          | at (           | 816         | _)          | 941-7600               |            |
|        | Name of Contact Person                    | , A            | rea Code :  | and Day     | ime Telephone Number   |            |
| □ c    | ertified Copy (optional) \$8.75           |                |             |             |                        |            |
| STRE   | ET ADDRESS:                               |                | MAII        | LING A      | ADDRESS:               |            |
| _      | ration Section                            |                | _           |             | Section                |            |
|        | on of Corporations                        |                |             |             | Corporations           |            |
|        | n Building                                |                |             | Box 63      |                        |            |
| 2661 1 | Executive Center Circle                   |                | Tallah      | assee,      | FL 32314               |            |

Tallahassee, FL 32301

EFFECTIVE DATE 10 31 2010

## 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>                                       | Jurisdiction                    | Form/Entity Type               |
|---|---------------------------------|--------------------------------|
| CardFact XVII, Ltd.                               | Ohio                            | LLC                            |
|   |                                 |                                |
|   |                                 |                                |
|   |                                 |                                |
|   |                                 |                                |
| <b>SECOND:</b> The exact name, form/e as follows: | ntity type, and jurisdiction of | the <u>surviving</u> party are |
| Name  | Jurisdiction                    | Form/Entity Type               |
| CardFact XVII, Inc.                               | Florida                         | Corporation                    |

<u>THIRD</u>: 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.

**<u>FIFTH:</u>** 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:

October 31, 2010

| <b>SIXTH:</b> 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 surviving party is an out-of-state entity, the surviving entity:

- 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:

| Name of Entity/Organization: | Signature(s): | Typed or Printed Name of Individual: |
|------------------------------|---------------|--------------------------------------|
| CardFact XVII, Ltd           | D THIL        | David F. Hill                        |
| CardFact XVII, Inc.          | Millant       | Wayne A. Chatham, Jr                 |
|                              |               |                                      |
|                              |               |                                      |

Corporations:

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

General Partnerships:

Florida Limited Partnerships:

Non-Florida Limited Partnerships:

Limited Liability Companies:

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, for follows:    | m/entity type, and jurisdiction                                   | for each merging party are as                          |
|---|---|--|
| Name  | <u>Jurisdiction</u>   | Form/Entity Type                                       |
| CardFact XVII, Ltd.                           | Ohio  | LLC  |
|   |   |  |
|   |   |  |
|   |   |  |
| SECOND: The exact name, that as follows: Name | form/entity type, and jurisdiction                                | on of the <u>surviving</u> party are  Form/Entity Type |
| CardFact XVII, Inc.                           | Florida   | Corporation  |
|   | itions of the merger are as follow:  I") will be merged into Card |  |
| accordance with the provisi                   | ons of the Florida Business                                       | Corporation Act and the                                |
| provisions of the Ohio Revi                   | sed Code Section 1705.1, e  | t seq., whereupon the                                  |
| separate existence of CFO                     | H will cease and CFFL will o                                      | continue as the surviving                              |
| entity . From and after Octo                  | ober 31, 2010 at 11:59 p.m.                                       | (the "Effective Date" and                              |
| the "Effective Time"), CFFL                   | shall possess all rights, pri                                     | vileges, powers and                                    |
| franchises and be subject to                  | o all restrictions, disabilities                                  | and duties of the                                      |
| constituent companies, as                     | described in the Agreement  | and Plan of Merger.                                    |
|   |   |  |
|   |   |  |
| (Atte   | ach additional sheet if necessa                                   | ry)  |

| FO | Ū | R | T | H | : |
|----|---|---|---|---|---|
|    |   |   |   |   |   |

| 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:   |
|---|
| As of the Effective Date and the Effective Time, the membership interests in  |
| CFOH shall be, without further act or deed, cancelled and extinguished. Each of   |
| the 1,000 shares of CFFL common stock issued, outstanding and held by the sole  |
| shareholder of CFFL, constituting all of the issued and outstanding capital stock   |
| of CFFL as of the Effective Time, shall not be affected by the merger and shall be  |
| and remain held by the sole shareholder and shall continue to constitute all of the   |
| issued and outstanding stock of CFFL.   |
| (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: |
| There are no outstanding options, warrants or other rights of any kind to acquire   |
| any additional member interests in CFOH.  |
|   |
|   |
|   |
|   |
|   |
|   |
| (Attach additional sheet if necessary)  |

| <u>FIFTH:</u> If a partnership is the survivor, the name and business address of each general partner is as follows:                   |
|--|
| partifer is as follows.  |
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|  |
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|  |
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|  |
| (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: |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| (Attach additional sheet if necessary)   |

| <b>SEVENTH:</b> Any statements that are required by the laws under which each other business entity is formed, organized, or incorporated are as follows: |
|---|
| business entity is formed, organized, or incorporated are as follows:   |
| Pursuant to Ohio Revised Code, the merging entity states the following: (1) the   |
| merging entity will merge into the specified surviving entity; (2) the merging entity   |
| has complied with all of the laws under which it exists; (3) the laws under which the   |
| merging entity exists permit the merger; (4) the merger is authorized on behalf of  |
| the merging entity; and (5) the authorized representative is authorized to sign the   |
| certificate of merger on behalf of the merging entity.  |
| Pursuant to the Florida Business Corporation Act (the "Florida Code"), the  |
| surviving entity states the following: *Continued on additional sheet*  |
| (Attach additional sheet if necessary)  |
| EIGHTH: Other provision, if any, relating to the merger are as follows:   |
|   |
|   |
|   |
|   |
|   |
|   |
| <del></del>   |
| (Attach additional sheet if necessary)  |

**SEVENTH** Continued

(1) the plan of merger was approved by each domestic corporation that is a party to the merger in accordance with the applicable provisions of the Florida Code.