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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FUND MORTGAG	SE OF FLORIDA INC.
Name of Surviving	
The enclosed Certificate of Merger and fee(s) are	submitted for filing.
Please return all correspondence concerning this n	natter to:
Chetan R. Shah	~
Contact Person	
FUND MORTGAGE OF FLORIDA INC	<u> </u>
Firm/Company	
4001 W. Henry Ave.	
Address	
Tampa, FL 33614	
City, State and Zip Code	
lafterU@aol.com	
E-mail address: (to be used for future annual report no	ourication)
For further information concerning this matter, plea	ase call:
Chetan R. Shah at (727) 688-6149
	Area Code and Daytime Telephone Number
Certified copy (optional) \$30.00	
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	

Certificate of Merger For Florida Limited Liability Company

ON SECOND CONTROL OF THE CONTROL OF

The following Certificate of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 608.4382, Florida Statutes.

FIRST: The exact name, form/entity follows:	·	ch <u>merging</u> party are a
Name	UU46317 Jurisdiction	Form/Entity Type
FREEDOM FIRST FINANCIAL	Florida	LLC
	·	
SECOND: The exact name, form/en as follows:	atity type, and jurisdiction of	the surviving party are
Name	<u>Jurisdiction</u>	Form/Entity Type
FUND MORTGAGE OF FLORID	Florida	Inc.

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:
09/16/2011
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 entitles 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., are as follows:
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:	
FREEDOM FIRST FINANCIAL	glylrotwo	Chetan R. Shah	ywy
FUND MORTGAGE OF FLORI	Alyletwo	Chetan R. Shah	7.

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:For each Limited Liability Company:\$25.00For each Corporation:\$35.00For each Limited Partnership:\$52.50For each General Partnership:\$25.00For each Other Business Entity:\$25.00

Certified Copy (optional): \$30.00

PLAN OF MERGER

	type, and jurisdiction	for each merging party are as
Name	<u>Jurisdiction</u>	Form/Entity Type
SECOND: The exact name, form/entit as follows: Name FUND MORTGAGE OF FLORID THIRD: The terms and conditions of t Surviving Party is totally responsible	Florida	LLC
as follows:	tity type, and jurisdict <u>Jurisdiction</u>	
		Form/Entity Type Inc.
-	_	
(Attach add	itional sheet if necesso	ury)

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: All outstanding shares, assets and liabilities of Merging Parties are conveyed to Surviving Party. (Attach additional sheet if necessary) B. The manner and basis of converting rights to acquire the interests, shares, obligations or other securities of each merged party into 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: Same as Fourth "A".

(Attach additional sheet if necessary)

	ents that are required by the laws under which each other busine nized, or incorporated are as follows:	ess
nuty is formed, orga	mized, or incorporated are as follows.	
		
### ## ## ## ## ## ## ## ## ## ## ## ##		
	. .	
	(Attach additional sheet if necessary)	
IXTH: Other provis	sions, if any, relating to the merger are as follows:	
hetan R. Shah, 57	06 TPC Blvd., Lutz, FL 33558	
		··
	•	
	(Attach additional sheet if necessary)	