

P17000063456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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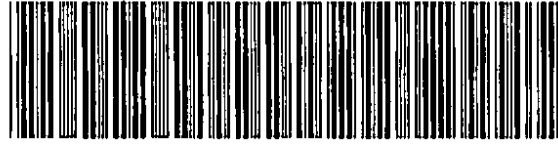
(Business Entity Name)

(Document Number)

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AUG -7 P 3 15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 11 2017  
T. J. EMBLEUX

*merkel*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BICER ENTERPRISES INC.

\_\_\_\_\_  
Name of Surviving Corporation

The enclosed Articles of Merger and fee are submitted for filing.

Please return all correspondence concerning this matter to following:

GOKSU BICER

\_\_\_\_\_  
Contact Person

BICER ENTERPRISES INC.

\_\_\_\_\_  
Firm/Company

9381 E BAY HARBOR DR, APT 301N

\_\_\_\_\_  
Address

BAY HARBOR ISLANDS, FLORIDA, 33154

\_\_\_\_\_  
City/State and Zip Code

goksubicer@bicerconsulting.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GOKSU BICER

\_\_\_\_\_  
Name of Contact Person

At ( 860 ) 7966668

\_\_\_\_\_  
Area Code & Daytime Telephone Number

☐ Certified copy (optional) \$8.75 (Please send an additional copy of your document if a certified copy is requested)

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

# **ARTICLES OF MERGER**

(Profit Corporations)

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

**First:** The name and jurisdiction of the **surviving** corporation:

| <u>Name</u>            | <u>Jurisdiction</u> | <u>Document Number</u><br>(If known/ applicable) |
|------------------------|---------------------|--|
| BICER ENTERPRISES INC. | FLORIDA             | P17000063456                                     |

**Second:** The name and jurisdiction of each **merging** corporation:

| <u>Name</u>            | <u>Jurisdiction</u> | <u>Document Number</u><br>(If known/ applicable) |
|------------------------|---------------------|--|
| BICER ENTERPRISES INC. | NEW YORK            | 5080156  |
|                        |                     |  |
|                        |                     |  |
|                        |                     |  |
|                        |                     |  |
|                        |                     |  |

**Third:** The Plan of Merger is attached.

**Fourth:** The merger shall become effective on the date the Articles of Merger are filed with the Florida Department of State.

**OR** 08 01 2017 (Enter a specific date. NOTE: An effective date cannot be prior to the filing or more than 90 days after merger file date.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Fifth:** Adoption of Merger by **surviving** corporation - (COMPLETE ONLY ONE STATEMENT)

The Plan of Merger was adopted by the shareholders of the surviving corporation on 07/31/2017

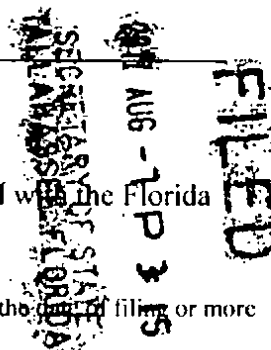
The Plan of Merger was adopted by the board of directors of the surviving corporation on \_\_\_\_\_ and shareholder approval was not required.

**Sixth:** Adoption of Merger by **merging** corporation(s) (COMPLETE ONLY ONE STATEMENT)

The Plan of Merger was adopted by the shareholders of the merging corporation(s) on 07/31/2017

The Plan of Merger was adopted by the board of directors of the merging corporation(s) on \_\_\_\_\_ and shareholder approval was not required.

(Attach additional sheets if necessary)



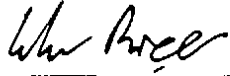
**Seventh: SIGNATURES FOR EACH CORPORATION**

Name of Corporation

Signature of an Officer or  
Director

Typed or Printed Name of Individual & Title

BICER ENTERPRISES INC.



GOKSU BICER, PRESIDENT

BICER ENTERPRISES INC.



GOKSU BICER, PRESIDENT

# **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.

**First:** The name and jurisdiction of the **surviving** corporation:

| <u>Name</u>            | <u>Jurisdiction</u> |
|------------------------|---------------------|
| BICER ENTERPRISES INC. | FLORIDA             |
| _____                  | _____               |

**Second:** The name and jurisdiction of each **merging** corporation:

| <u>Name</u>            | <u>Jurisdiction</u> |
|------------------------|---------------------|
| BICER ENTERPRISES INC. | NEW YORK            |
| _____                  | _____               |
| _____                  | _____               |
| _____                  | _____               |
| _____                  | _____               |
| _____                  | _____               |

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

Surviving Corporation: BICER ENTERPRISES INC., a Florida corporation, has 200 outstanding shares, all of which are common shares with no par value, are entitled to vote and are owned by Goksu Bicer.

Merging Corporation: BICER ENTERPRISES INC., a New York corporation, has 200 outstanding shares, all of which are common shares with no par value, are entitled to vote and are owned by Goksu Bicer.

The holder of all outstanding shares of the Merging Corporation shall surrender said shares of the Merging Corporation in exchange for ownership of all outstanding shares of the Surviving Corporation.

**Fourth:** The manner and basis of converting the shares of each corporation into shares, obligations, or other securities of the surviving corporation or any other corporation or, in whole or in part, into cash or other 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:

*(Attach additional sheets if necessary)*