

P9 5000053153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

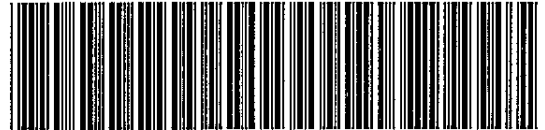
(Business Entity Name)

(Document Number)

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04/25/05--01053--024 **35.00

05/16/05--01004--003 **35.00

FILED
05 MAY 16 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Merger
PRC
5/16



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 3, 2005

ALAN WOLFSON
TRADESOURCE
409 W. HALLANDALE BEACH BLVD., #212
HALLANDALE, FL 33009

SUBJECT: TRADESOURCE TWO, INC.
Ref. Number: P95000053153

We have received your document for TRADESOURCE TWO, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file articles of merger or articles of share exchange is \$35 per party to the merger or share exchange. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

There is a balance due of \$35.00.

The current name of the entity is as referenced above. Please correct your document accordingly.

The articles of merger must contain the provisions of the plan of merger or the plan of merger must be attached.

PLEASE REFER TO THE CORPORATIONS BY THEIR FULL CORRECT NAME, INCLUDING THE CORPORATE SUFFIX.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist

Letter Number: 205A00031578

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRADESOURCE TWO, INC.
(Name of surviving corporation)

The enclosed merger and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALAN WOLFSON

(Name of person)

TRADESOURCE TWO, INC.

(Name of firm/company)

409 W. HAILANDALE BEACH BLVD #212

(Address)

HAILANDALE FL 33009

(City/state and zip code)

For further information concerning this matter, please call:

ALAN WOLFSON

(Name of person)

at (

954

927 7447

(Area code & daytime telephone number)

☐ Certified copy (optional) \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50; please send an additional copy of your document if a certified copy is requested)

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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, F.S.

First: The name and jurisdiction of the surviving corporation:

<u>Name</u>	<u>Jurisdiction</u>	<u>Document Number</u> (If known/ applicable)
<u>TRADESOURCE TWO, INC.</u>	<u>DADE COUNTY, FL</u>	<u>P95000053153</u>

Second: The name and jurisdiction of each merging corporation:

<u>Name</u>	<u>Jurisdiction</u>	<u>Document Number</u> (If known/ applicable)
<u>TRADESOURCE THREE, INC</u>	<u>DADE COUNTY, FL</u>	<u>P99000106572</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 / / (Enter a specific date. NOTE: An effective date cannot be prior to the date of filing or more than 90 days in the future.)

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 _____.

The Plan of Merger was adopted by the board of directors of the surviving corporation on _____

3-31-2005 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 _____.

The Plan of Merger was adopted by the board of directors of the merging corporation(s) on _____

3-31-2005 and shareholder approval was not required.

(Attach additional sheets if necessary)

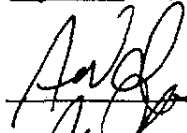
Seventh: SIGNATURES FOR EACH CORPORATION

Name of Corporation

Signature

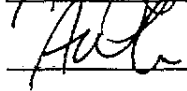
Typed or Printed Name of Individual & Title

TRADESOURCE TWO, INC



ALAN WOLFSON DIRECTOR

TRADESOURCE THREE



ALAN WOLFSON DIRECTOR

PLAN OF MERGER

(Non Subsidiaries)

The following plan of merger is submitted in compliance with section 607.1101, F.S. and in accordance with the laws of any other applicable jurisdiction of incorporation.

First: The name and jurisdiction of the surviving corporation:

Name

Jurisdiction

TRADESOURCE TWO, INC.

DADE COUNTY ; FL

Second: The name and jurisdiction of each merging corporation:

Name

Jurisdiction

TRADESOURCE THREE, INC

DADE COUNTY ; FL

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

TRADESOURCE TWO, INC IS ACQUIRING ALL THE OUTSTANDING
SHARES OF TRADESOURCE THREE, INC.

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:

TRADESOURCE TWO, INC. IS ACQUIRING ALL THE OUTSTANDING SHARES
OF TRADESOURCE THREE, INC. (Attach additional sheets if necessary)

THE FOLLOWING MAY BE SET FORTH IF APPLICABLE:

Amendments to the articles of incorporation of the surviving corporation are indicated below or attached as an exhibit:

None

OR

Restated articles are attached:

Other provisions relating to the merger are as follows: