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(((H180001362043)))



H180001362043ABCZ

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Division of Corporations

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: (850)617-6380

From:

Account Name : FILINGS, INC. Account Number : 072720000101 Phone : (954)791-2100 Fax Number : (954)583-4117

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MERGER OR SHARE EXCHANGE TKM Farms, Inc.

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H18000136204

Articles of Morger For Florida Limited Liability Company

The following Articles of Merger is submitted to merge the following Florida Limited Limited Limited Company(ies) in accordance with s. 605.1025, Florida Statutes.

Namo	<u>Jurisdiction</u>	Form/Butity Type
Basore Farms, LLC	βl	LLC
<u></u>		
· · · · · · · · · · · · · · · · · · ·		
	<u> </u>	· · · · · · · · · · · · · · · · · · ·
SRCOND: The exact pains, form	n/entity type, and jurkdiction of the sur	relying party are as follows:
·	n/entity type, and jurisdiction of the <u>sm</u>	
<u>SRCOND!</u> The exact dame, form	n/entity type, and jurksdiction of the <u>sur</u> <u>Jurksdiction</u>	rviving party are as follows: Porm/Bulity Type

THIRD: The merger was approved by each domestic merging cutity that is a limited liability company in accordance with ss.605.1021-605.1026; by each other merging entity in accordance with the laws of its jurisdiction; and by each member of such limited liability company who as a result of the merger will have interest holder liability under s.605.1023(1)(b).

FOURTH: Please check one of the boxes that apply to surviving entity: (if applicable)

H18000136204

136	This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.								
口	This entity is created by the morger and is a domestic filing entity, the public organic record is attached.								
ø	This entity is created by the merger and is a domestic limited liability limited partnership or a domestic limited liability partnership, its statement of qualification is attached.								
a	This entity is a foreign entity that does not have a cortificate of authority to transact business in this state. The mailing address to which the department may send any process served pursuant to s. 605.0117 and Chapter 48, Florida Statutes is:								
	This entity agrees to pay any a 1006 and 605,1061-605,1072, P		ith appraisal rights	the amount, to whi	ch mombars are entit	led under			
SIXTEI days aft	: If other than the date of filing er the date this document is file	, the delaye d by the Ple	ed offective date of orlda Department o	lic morger, which f State:	cannot be prior to uc	or more than 90			
as the ch	f the date inserted in this block occurrent's effective date on the	Departmon	ect the applicable s t of State's records	taintory filling requ	irements, this date w	ill not be listed			
	TH: Signature(s) for Each Par	ty:	Signatur e (s):	_	Typed or Printer Name of Individua				
	f Bntity/Organization: Jarms, LLC		Signature(s):	Breeze -	Kovin L. Basare	te			
TKM Fa	rms, fito		July)	Pzu	Tobin J. Basoro				
<u> </u>									
	tions; partnerships: Jimited Partnerships:	(If no dire Signature	, Vice Chairman, P otors selected, sign of a general partne s of all general part	e <i>dure of incorpora</i> r or authoriz <mark>ed pe</mark> r	tor.)				
ion-Plo	Jinned Partnerships: Pida Limited Partnerships: Liability Companies:	Signature	of an general partne of an authorized pe	r					
1	For each Limited Liability Com For each Limited Partnership: For each Other Business Entity:	-	\$25.00 \$52,50 \$25,00	Por each Corp For each Gene Certified Con	mi Partnership:	\$35,00 \$25,00 \$30.00			