

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form to file a Articles of Merger pursuant to section 605.1025, Florida Statutes. This form is basic and may not meet all merger needs. The advice of an attorney is recommended.

Filing Fees: \$25.00 for each Limited Liability Company

\$35.00 for each Corporation

\$52.50 for each Limited Partnership or

Limited Liability Limited Partnership \$25.00 for each General Partnership or Limited

Liability Partnership

\$25.00 for each Other Business Entity

Certified Copy (optional): \$30.00

Send one check in the total amount payable to the Florida Department of State.

Please include a cover letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

For further information, you may contact the Amendment Section at (850) 245-6050.

Important Notice: Pursuant to s.605.0212(8), F.S., each party to the merger must be active and current in filing its annual reports through December 31 of the calendar year in which the articles of merger are submitted to the department for filing.

CR2E080 (3/20)

COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJ	ECT:					
	Name of Surviving Party					
The er	nclosed Certificate of Merger and fee(s) a	re submitted for fil	ing.			
Please	e return all correspondence concerning this	s matter to:				
	Contact Person					
	Firm/Company					
	Film/Company					
	Address					
	City, State and Zip Cod	e				
	E-mail address: (to be used for future an	nual report notifica	ation)			
For fu	urther information concerning this matter,	please call:				
	Name of Contact Donor	_at ()	Daytime Telephone Number			
	Name of Contact Person	Area Code	Daytime Telephone Number			
	Certified copy (optional) \$30.00					
STREET ADDRESS: Amendment Section Division of Corporations		Amendm	NG ADDRESS: nent Section of Corporations			
2661 I	n Building Executive Center Circle nassee, FL 32301	P. O. Bo Tallahass	x 6327 see, FL 32314			

CR2E080 (2/20)

Articles of Merger For Florida Limited Liability Company

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

<u>me</u>	<u>Jurisdiction</u>	Form/Entity Type
COND: The exact name, for	m/entity type, and jurisdiction of the surv	viving party are as follows:

THIRD: The merger was approved by each domestic merging entity 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).

	This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic rec are attached.									
	This entity is created by the merger and is a domestic filing entity, the public organic record is attached.									
	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.									
	This entity is a foreign entity that does not have a certificate 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:									
ss.605	.1006 and 605.1061-605.1072,	F.S.		the amount, to which members are						
	fter the date this document is fi	· .		the merger, which cannot be prior to State:	o noi more man 90					
	If the date inserted in this bloc document's effective date on the			statutory filing requirements, this da	te will not be listed					
SEVE	NTH: Signature(s) for Each P	arty:								
Name of Entity/Organization:		·	Signature(s):	2.1	Typed or Printed Name of Individual:					
*				President or Officer nature of incorporator.)						
1 1			•	er or authorized person						
			res of all general partners							
	lorida Limited Partnerships: d Liability Companies:		of a general partnof an authorized p							
Fees:	For each Limited Liability Co	ompany:	\$25.00	For each Corporation:	\$35.00					
	For each Limited Partnership		\$52.50	For each General Partnership:	\$25.00					
	For each Other Business Enti	ty:	\$25.00	Certified Copy (optional):	\$30.00					

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