(Re	equestor's Name)	-
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to f	Filing Officer:	
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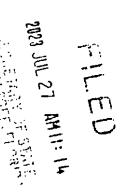


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Merser Mective date 7-31-23

RECEIVED

A. RAMSEY JUL 2 8 2023



CT CORP

(850)656-4724 3458 Lakeshore Drive, Tallahassee, FL 32312

D	ate:	0	7/27/2023	- wil DW
			Acc#I20160000072	
Name:	ASP Me	edical	Supply, LLC	
Document #:				
Order #:	150516	54		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:				
Certified Copy of		_		
Apostille/Notarial Certification:].	Country of Destination: Number of Certs:	
Filing: 🗸	Certi Plain COG		7	Email Address for Annual Report Notificatio
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amo	ount: \$	50.00	

Thank you!

COVER LETTER

TO: Amendment Sec Division of Corp				
SUBJECT: ASP Glo				
SUBJECT: //O/		Name of Surviv	ing Party	
The enclosed Certificate	of Merger and fee(s)	are submitted for fill	ing.	
Please return all correspo	ndence concerning th	is matter to:		
Cindy Sabish				
	Contact Person			
K&L Gates LLP				
	Firm/Company			
210 Sixth Avenu	ne			
	Address			
Pittsburgh, PA 1	5222			
C	City, State and Zip Co	de		
Vishal.Varshney@) ()aspglobal.com	1		
E-mail address: (to be used for future a	innual report notification	ation)	
For further information of	anagraina this matter	· planca call·		
For further information c	oncerning this matter	, picase can.		
Name of Conta	ot Person	at () Area Code	Daytime Telephone Number	
Name of Conta	ct i cison	Allea Code	Daytine retephone rumou	
☐ Certified copy (c	optional) \$30.00			
STREET ADDRESS:		MAILING ADDRESS:		
Amendment Section				
Division of Corporations				
Clifton Building	· .	P. O. Bo		
2661 Executive Center C	ircle	Lallahas	see, FL 32314	
Tallahassee, FL 32301				

CR2E080 (2/20)

Articles of Merger For Florida Limited Liability Company

FILED

2823 JUL 27 AM II: 14

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company (ies) in accordance with s. 605,1025, Florida Statutes.

Name
ASP Medical Supply, LLC
Florida

SECOND: The exact name, form/entity type, and jurisdiction of the surviving party are as follows:

Name
ASP Global, LLC

Georgia

Form/Entity Type

Imited liability company

FIRST: The exact name, form/entity type, and jurisdiction for each merging 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).

FUUR	(IH: Please check one of the b	oxes that a	ppry to surviving chi	ity: (ir applicable)			
	This entity exists before the me are attached.	erger and is	s a domestic filing en	tity, the amendment	, if any to its public	organic record	
	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 the mailing address to which the difference Statutes is:	hat does no lepartment	ot have a certificate o may send any proces	f authority to transac s served pursuant to	et business in this st s. 605.0117 and Ch	ate. The apter 48,	
	7800 Third Flag Pkw	y., Auste	ell, GA 30168				
SIXT days a July Note: as the SEVE Name	H: This entity agrees to pay any .1006 and 605.1061-605.1072, I. H: If other than the date of filing from the date this document is file 231, 2023 at 11:59 pn If the date inserted in this block document's effective date on the CNTH: Signature(s) for Each Part of Entity/Organization: P Global, LLC	g, the delayed by the F n EST does not re Department	ved effective date of lorida Department of	the merger, which can state: atutory filing requir	ements, this date wi Typed or Po Name of In Vishal Varsh	more than 90 Il not be listed rinted dividual:	
AS	P Medical Supply, L	.LC	Vislea	Varshiney	Vishal Varsh	nney	
		-					
Gener Florid Non-F	erations: ral partnerships: la Limited Partnerships: Florida Limited Partnerships: ed Liability Companies:	(If no di Signatu Signatu Signatu	an, Vice Chairman, Prectors selected, signer of a general partner of all general partners of all general partners of a general partners of an authorized per of au	nature of incorporate or or authorized personers oners or	or.) on		
Fees:	For each Limited Liability Co	mpany:	\$25.00 \$52.50	For each Corpor		\$35.00 \$25.00	