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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporations Fax Number : (850)617-6380	·	SECRET FALLAHA	7021 OEC
From:	Account Name : BLUMBERG/EXCER Account Number : 075350000353 Phone : (800)221-2972 Fax Number : (917)243-5843 the email address for this busine		OF STATE E, FLORID,	FILED C 17 AH 10: 38
:	il Address: MERGER OR SHARI	one email address please		
10:0	FIT AND FUNCTIONAL			
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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 a with s. 605.1025, Florida Statutes.

FIRST: The exact name, form/entity type, and jurisdiction for each merging party are as follows:

Fit and Functional LLC NY	LLC
***************************************	LLC
FIT AND FUNCTIONAL FLORIDA LLC FL	
SECOND: The exact name, form/entity type, and juriso	diction of the surviving party are as follows:
<u>Name</u> <u>Jurisdi</u>	iction Form/Entity Type
FIT AND FUNCTIONAL FLORIDA LLC FL	LLC

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).

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FOUR	TH: Please check one of the b	oxes that ap	oply to surviving e	ntity: (if applicable)					
Ø	This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.								
	This entity is created by the me	erger and is	a domestic filing	eatity, the public organi	c record is attacl	ned.			
	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:								
		•••••							
	1: This entity agrees to pay any t 1006 and 605.1061-605.1072, P		ith appraisal rights	the amount, to which r	nembers are enti	fled under			
days af	I: If other than the date of filing for the date this document is file uary 01, 2022	, the delay d by the Fl	ed effective date o orida Department	f the merger, which can of State:	not be prior to a	or more than 90			
	If the date inserted in this block locument's effective date on the				nents, this date w	rill not be listed			
<u>SEVE</u>	NTH: Signature(s) for Each Par	ty:			<i>a</i>				
Name of Entity/Organization: Fit and Functional LLC		Signature(s):		Typed or I Name of I					
				Charles DeFrancesco					
FIT AI	ND FUNCTIONAL FLORID	A LLC	Cha	-12	Charles De	Francesco			
		····				IALLA Valoria			
Corpor	ations:	Chairmer	ı, Vice Chairman,	President or Officer		IAI ASS			
		· -	_	mature of incorporator.	<i>)</i>	SE S			
	l partnerships:			er or authorized person					
	Limited Partnerships: orida Limited Partnerships:								
	d Liability Companies:		of an authorized p)RIG			
Page.	For each Limited Liability Con	rrsons."	\$ 25,00	For each Corporat	inn:	\$35.00			
Fees:	For each Limited Partnership:	щъшу.	\$52.50	For each General 1		\$35.00 \$25.00			
	For each Other Business Entity	7	\$25.00	Certified Copy to		\$30.00			