## P3WWSIR

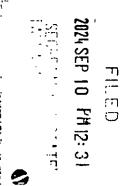
(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: HAUTE EDEN ELYSIA	
SUBJECT: Name of Surviving Entity	
rune would be a second of the	
The enclosed Articles of Merger and fee are submitted for	filing.
Please return all correspondence concerning this matter to	following:
SHARON BLAKE	
Contact Person	_
HAUTE ELYSIA CORPORATION	<u> </u>
Firm/Company	
2234 NORTH FEDERAL HWY #1868	}
Address	<u> </u>
BOCA RATON FL 33431	<del></del>
City/State and Zip Code	
SHARIBLAKE9@GMAIL.COM	
E-mail address: (to be used for future annual report notification	<del>)</del>
For further information concerning this matter, please cal	:
SHARON BLAKE	561 270-9000
Name of Contact Person	Area Code & Daytime Telephone Number
Certified copy (optional) \$8.75 (Please send an addition	nal 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

IMPORTANT NOTICE: Pursuant to s.607.1622(8), F.S., each party to the merger must be active and current in filing its annual report through December 31 of the calendar year which this articles of merger are being submitted to the Department of State for filing.

## **ARTICLES OF MERGER**

The following articles of merger are submitted in accordance with the Florida Business Corporation Act, pursuant to section 607.1105, Florida Statutes.

FIRST: The name and jurisdiction of the surviving entity:

Name	<u>Jurisdiction</u>	Entity Type	Document Number
HAUTE EDEN ELYSIA	FL	C CORP	(If known/applicable) P23000039782

**SECOND:** The name and jurisdiction of each <u>merging</u> eligible entity:

Name	<u>Jurisdiction</u>	Entity Type		Document Number (If known/ applicable)
HAUTE EDEN ELYSIA	GA	C CORP		(II knowto applicatile)
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<u>THIRD:</u> The merger was approved by each domestic merging corporation in accordance with s.607.1101(1)(b), F.S., and by the organic law governing the other parties to the merger.

<u>FOUR</u>	TH: Please check one of the boxes that apply to surviving entity:
<b></b>	This entity exists before the merger and is a domestic filing entity.
	This entity exists before the merger and is not authorized to transact business in Florida.
	This entity exists before the merger and is a domestic filing entity, and its Articles of Incorporation are being amended as attached.
	This entity is created by the merger and is a domestic corporation, and the Articles of Incorporation are attached.
	This entity is a domestic eligible entity and is not a domestic corporation and is being amended in connection with this merger as attached.
	This entity is a domestic eligible entity being created as a result of the merger. The public organic record of the survivor 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.
<u>FIFTE</u>	1: Please check one of the boxes that apply to domestic corporations:
	The plan of merger was approved by the shareholders and each separate voting group as required.
Ø	The plan of merger did not require approval by the shareholders.
SIXTE	1: Please check box below if applicable to foreign corporations
	The participation of the foreign corporation was duly authorized in accordance with the corporation's organic laws.
SEVE	NTH: Please check box below if applicable to domestic or foreign non corporation(s).
	Participation of the domestic or foreign non corporation(s) was duly authorized in accordance with each of such eligible entity's organic law.

<b>EIGHTH:</b>	If other than the da	ate of filing, the dela	yed effective date	of the merger, v	which cannot be p	rior to nor more
		document is filed by				

## 08/23/2024

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

NINTH: Signature(s) for Each Party:  Name of Entity/Organization:  HAUTE EDEN ELYSIA	Signature(s):	Typed or Printed Name of Individual: SHARON BLAKE

Corporations:

Chairman, Vice Chairman, President or Officer

General partnerships:

(If no directors selected, signature of incorporator.) Signature of a general partner or authorized person

Florida Limited Partnerships: Non-Florida Limited Partnerships: Limited Liability Companies: Signatures of all general partners Signature of a general partner Signature of an authorized person