

A04000001981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

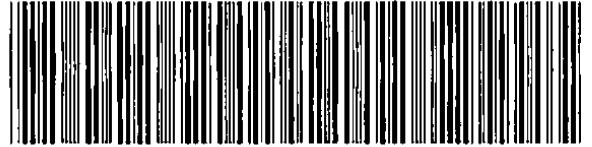
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 NOV 22 AM 11:37

RECEIVED

EFFECTIVE DATE

NOV 22, 2021

M. J. Gier

NOV 23 2021

ALBRITTON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 259706 8109042

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 80.00 \$ 105.00

ORDER DATE : November 19, 2021

ORDER TIME : 10:05 AM

ORDER NO. : 259706-025

CUSTOMER NO: 8109042

ARTICLES OF MERGER

HD SUPPLY FM SERVICES, LLC

INTO

HD SUPPLY FACILITIES
MAINTENANCE, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

[Signature]

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HD Supply Facilities Maintenance, Ltd.

Name of Surviving Party

The enclosed Certificate of Merger and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Contact Person

Firm/Company

Address

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

(Name of Contact Person)

at (_____) _____

(Area Code and Daytime Telephone Number)

☐ Certified copy (optional) \$52.50

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

EFFECTIVE DATE
NOV. 22. 2021

Certificate of Merger
For
Florida Limited Partnership or Limited Liability Limited Partnership

The following Certificate of Merger is submitted in accordance with s. 620.2108, Florida Statutes.

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

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
HD Supply FM Services, LLC	Delaware	Limited liability company
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
HD Supply Facilities Maintenance, Ltd.	Florida	Limited partnership
_____	_____	_____

THIRD: The date the merger is effective under the governing laws of the surviving party is: November 22, 2021 at 11:00am EST.

(NOTE: If survivor is a Florida limited partnership or limited liability limited partnership, effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State. If survivor is not a Florida limited partnership or limited liability limited partnership, effective date shall be as provided in survivor's governing statute.)

FOURTH: The merger was approved by each party as required by its governing law.

FIFTH: If the surviving party is a foreign organization not qualified to transact business in this state, the street address and mailing address of an office which the Florida Department of State may use for the purposes of s. 620.2109(2), F.S., are as follows:

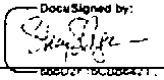
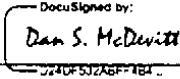
Street address:

Mailing address:

SIXTH: Other provisions, if any, relating to the merger:

SEVENTH: Signature(s) for Each Party:

(Merger must be signed by all general partners of Florida limited partnerships or limited liability limited partnerships and by the authorized representative of each other party.)

Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:
HD Supply FM Services, LLC	 <small>DocuSigned by:</small>	Stacy S. Ingram
HD Supply Facilities Maintenance, Ltd.	 <small>DocuSigned by:</small>	Dan S. McDevitt

Fees: Filing Fees: \$52.50 Per Party
 Certified Copy: \$52.50 (Optional)
 Certificate of Status: \$8.75 (Optional)