

A2000000 641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

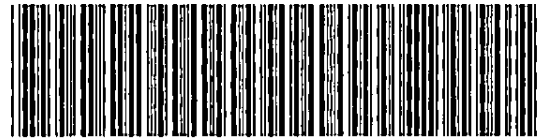
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800356519698

RECEIVED

DEC 28 2020

12/29/20--01005--003 **105.00

R. WHITE
FEB 10 2021

2020 DEC 28 10:05

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TURTLE BEACH HOLDINGS FL, LP -A20000000641

Name of Surviving Party

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

Please return all correspondence concerning this matter to:

Phillip Brandt

Contact Person

DiVosta Investments, LLC

Firm/Company

4500 PGA Blvd., Suite 207

Address

Palm Beach Gardens, FL 33418

City, State and Zip Code

philbrandt@divostainvestments.com

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

For further information concerning this matter, please call:

Jack B. Owen, Jr., Esq.

(Name of Contact Person)

at (561) 622-4521

(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

00 11 5:46

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

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

THIRD: The date the merger is effective under the governing laws of the surviving party is: December 31, 2020.

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:

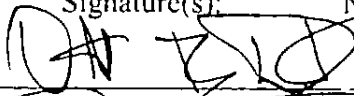
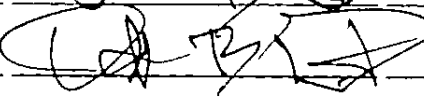
Street address:

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:
<u>TURTLE BEACH HOLDINGS, LIMITED:</u>		<u>Otto DiVosta</u>
<u>TURTLE BEACH HOLDINGS FL, LP</u>		<u>Otto DiVosta</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

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