(02/05) 12/30/2019 03:42:41 PM

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.

(((H190003735123)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Kim Tadlock #804323622

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CAPITOL SERVICES, INC.

Account Number: 120160000017 : (855)498-5500 Fax Number : (800) 432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## MERGER OR SHARE EXCHANGE EXXELIA USA HOLDING INC.

Certificate of Status	0	
Certified Copy	1	
Page Count	04	<b>*</b>
Estimated Charge	-\$68.75	190.00

JAH 0 6 2820

D CONNELL

Electronic Filing Menu

Corporate Filing Menu

Help

O:	Amendment Section
	Division of Compentions

Division of Corporations

SUBJECT: Exxelia USA Holding Inc.

Name of Surviving Party

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

Please return all correspondence concerning this matter to:

Susan Scipioni

Contact Person

Exxelia USA Holding Inc.

Firm/Company

1221 North US Highway 17-92

Longwood, FL 32750

City, State and Zip Code

sscipioni@exxelia.com

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

For further information concerning this matter, please call:

Susan Scipioni

Name of Contact Person

Daytime Telephone Number

Certified copy (optional) \$30.00

STREET ADDRESS:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

**MAILING ADDRESS:** 

Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

CR2E080 (2/14)

## Articles of Merggr For Florida Limited Liability Company

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 605.1025, Florida Statutes.

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

Name

Jurisdiction

Form/Entity Type

		**************************************
Exxelia-RAF Tabtronics, LLC	Florida	Limited Liability Company
SECOND: The exact name, form/entity to	ype, and jurisdiction of the su	rviving party are as follows:
Name_	<u>Jurisdiction</u>	Form/Entity Type
Exxelia USA Holding Inc.	Delaware	Corporation

**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).

JUNISION OF CONTRACT.

FOU	RTH: Please check one of the			entity; (if applicable)	(05/05) 12/30 )	72019 03:43 <b>:49</b>	000373512 3
Q	This entity exists before the are attached.	merger and is	a domestic filing	g entity, the amendm	ent, if any to its publ	ic organic record	
0	This entity is created by the	merger and is	a domestic filing	entity, the public or	ganic record is attach	ed.	
0	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.						
D	This entity is a foreign entity mailing address to which the Florida Statutes is:	that does not department m	have a certificate ay send any proc	e of authority to trans cess served pursuant	sact business in this s to s. 605.0117 and C	tate. The hapter 48,	
			· · · · · · · · · · · · · · · · · · ·				
SIXT days	H: This entity agrees to pay any 5.1006 and 605.1061-605.1072, H: If other than the date of film after the date this document is file.	F.S. ng, the delayed led by the Flor	l effective date o	of the merger, which			
The m	nerger shall become effective on Ian	nuary 1, 2020.					
Note: as the	If the date inserted in this block document's effective date on the	k does not mee e Department	et the applicable of State's record	statutory filing requi		ill not be listed	
SEVE	NTH: Signature(s) for Each Pr	arty:					
Name	of Entity/Organization:	:	Sign <b>at</b> ure(s):		Typed or Printed Name of Individual		
Exxel	ia-RAF Tabtronics, LLC, the Mergi	ing Party (	Sugar 1	Reminici	Susan Scipioni		
Exxeli	a USA Holding Inc., the Surviving	Party	Luis	drenia	Susan Scipioni	<del>········</del>	
<del>-,</del>	An De agreement	······································	~)			<u></u>	
Согро	rations:			President or Officer		<del></del>	
	al partnerahips:			er or authorized pers			
	Limited Partnerships:	Signatures of	of all general par	riners			
	lorida Limited Parmerships: d Liability Companies:		f a general partn f an authorized p				
Fees:	For each Limited Liability Co.	mpany:	\$25.00	For each Corpo	ration:	<b>\$</b> 35.00	
	For each Limited Partnership:	•	\$52.50	For each Gener	al Partnership:	\$25.00	
	For each Other Business Entity	y:	<b>\$</b> 25.00	Certified Copy	(optional):	\$30.00	