# F96000005469

(Address)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to thing Officer:  ON 2 19 10 10 10 10 10 10 10 10 10 10 10 10 10	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  A Ling of	(Requestor's Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  A Ling of	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  All Ling of	(Address)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  All Ling of	
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number)  Certified Copies Certificates of Status	
(Document Number)  Certified Copies Certificates of Status	(Rusiness Entity Name)
Certified Copies Certificates of Status	(Dusinoss Littly Harrie)
Certified Copies Certificates of Status	(Desument Number)
- Jating of	(Document Number)
- Jating of	Certified Copies Certificates of Status
Special Instructions to Hing Officer:  Overtage  Officer:  Overtage  Officer:  Overtage  Overtag	<u> </u>
Special Instructions to Hither Officer:  (Nected V 12-19-10.  (Nected V	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
Wrong survivor was elective worked was noted.	Special Instructions to Hinto Officer:
wrong survivor extive	Correction 12-19 was
wrong a constate.	Liling Charling Costive
wednesd was not ted.	The state of the s
wedness, was a start	Man 20 Da John May
1 1\ A'\VZ 1/WZ -	wedn't was a will
1 20 W V V	1 daw wr Da

Office Use Only



100292135341

12/05/16--01001--012 \*\*78.75

Iffective: 12-31-16

29# DEC -5 P U 02

DEC 0 6 2016

mere

#### **COVER LETTER**

CO: Amendment Section Division of Corporations	, in the second
York Risk Services Group, Inc.	
	Surviving Corporation
he enclosed Articles of Merger and fee a	re submitted for filing.
lease return all correspondence concerni	ng this matter to following:
Michael Krawitz	
Contact Person	
York Risk Services Group, Inc.	
Firm/Company	
Upper Pond Road Bldg F 4th fir	
Address	
Parsippany, NJ 07054	
City/State and Zip Code	
michael.krawitz@yorkrsg.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this m	natter, please call:
Michael Krawitz	973 404-1235 At ( )
Name of Contact Person	Area Code & Daytime Telephone Number

### STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

### MAILING ADDRESS:

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

# COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: York Risk Services Group, Inc.		·
Name of Surviving C	orporation	
1		
The enclosed Articles of Merger and fee are subm	itted for filing.	
Please return all correspondence concerning this n	natter to following:	÷
Michael Krawitz		
Contact Person		
<del>[</del> -		
York Risk Services Group, Inc.		
Firm/Company		•
1 Upper Pond Road Bldg F 4th fir		
Address	<del></del>	
Parsippany, NJ 07054		
: City/State and Zip Code	<del></del>	,
! !triichael.krawitz@yorkrsg.com	,	
E-mail address: (to be used for future annual report no	tification)	
(	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
For further information concerning this matter, ple	ease call:	•
Michael Krawitz	973 404-1235 At ()	
Name of Contact Person	Area Code & Daytime Telephone N	lumber
Certified copy (optional) \$8.75 (Please send ar	additional converticum document if a cartified	convis requested)
Certified copy (optional) \$6.73 (Flease send at	additional copy of your document is a certified	topy is requested,
STREET ADDRESS:	MAILING ADDRESS:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	

## **ARTICLES OF MERGER**

(Profit Corporations)

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

York Risk Services Group, Inc.  New York  131963636  Second: The name and jurisdiction of each merging corporation:  Name  Jurisdiction  York Risk Services Group, Inc Florida  Florida  Document Num (If known/ applicated)  593124034	Name	<u>Jurisdiction</u>	Document Number (If known/ applicable)
Name  Jurisdiction  Document Num (If known/applicat  York Risk Services Group, Inc Florida  Florida  Florida  593124034  Third: The Plan of Merger is attached.  Fourth: The merger shall become effective on the date the Articles of Merger are filed with Department of State.  OR  12/ /31 / 2016 (Enter a specific date. NOTE: An effective date cannot be prior to the date than 90 days after merger file date.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will indocument's effective date on the Department of State's records.  Fifth: Adoption of Merger by surviving corporation - (COMPLETE ONLY ONE STATEMEN) The Plan of Merger was adopted by the shareholders of the surviving corporation on	York Risk Services Group, Inc.	New York	
York Risk Services Group, Inc Florida  Florid	Second: The name and jurisdiction of e	each merging corporation:	
York Risk Services Group, Inc Florida  Florida  593124034  Third: The Plan of Merger is attached.  Fourth: The merger shall become effective on the date the Articles of Merger are filed with Department of State.  OR  12/ /31 /2016 (Enter a specific date. NOTE: An effective date cannot be prior to the date than 90 days after merger file date.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will adocument's effective date on the Department of State's records.  Fifth: Adoption of Merger by surviving corporation - (COMPLETE ONLY ONE STATEMEN) The Plan of Merger was adopted by the shareholders of the surviving corporation on	Name	Jurisdiction	Document Number (If known/ applicable)
Third: The Plan of Merger is attached.  Fourth: The merger shall become effective on the date the Articles of Merger are filed with Department of State.  OR 12/ /31 /2016 (Enter a specific date. NOTE: An effective date cannot be prior to the date than 90 days after merger file date.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will adocument's effective date on the Department of State's records.  Fifth: Adoption of Merger by surviving corporation - (COMPLETE ONLY ONE STATEMEN). The Plan of Merger was adopted by the shareholders of the surviving corporation on	York Risk Services Group, Inc Florida	Florida	
Third: The Plan of Merger is attached.  Fourth: The merger shall become effective on the date the Articles of Merger are filed with Department of State.  OR 12/ /31 /2016 (Enter a specific date. NOTE: An effective date cannot be prior to the date than 90 days after merger file date.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will adocument's effective date on the Department of State's records.  Fifth: Adoption of Merger by surviving corporation - (COMPLETE ONLY ONE STATEMEN). The Plan of Merger was adopted by the shareholders of the surviving corporation on			SECRETARY ASSE
OR 12/ 31 2016 (Enter a specific date. NOTE: An effective date cannot be prior to the date than 90 days after merger file date.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will adocument's effective date on the Department of State's records.  Fifth: Adoption of Merger by surviving corporation - (COMPLETE ONLY ONE STATEMENT).  The Plan of Merger was adopted by the shareholders of the surviving corporation on	Third: The Plan of Merger is attached.  Fourth: The merger shall become effect	tive on the date the Articles	of Merger are filed with the Florida
The Plan of Merger was adopted by the board of directors of the surviving corporation on	OR 12/ /31 2016 (Enter a spot than 90 da Note: If the date inserted in this block does not document's effective date on the Department of Fifth: Adoption of Merger by surviving	ays after merger file date.) meet the applicable statutory filin State's records.  g corporation - (COMPLETE	g requirements, this date will not be listed as the
01-41	The Plan of Merger was adopted by the and shareho	board of directors of the sur- lder approval was not requir	viving corporation on ed.
Sixth: Adoption of Merger by merging corporation(s) (COMPLETE ONLY ONE STATEMENT The Plan of Merger was adopted by the shareholders of the merging corporation(s) on			

# Seventh: SIGNATURES FOR EACH CORPORATION

Name of Corporation	Signature of an Officer or Director	Typed or Printed Name of Individual & Title
York Risk Services Group, Inc.	michael Kung	Michael Krawitz, Sr. VP
York Risk Services Group, Inc.	michael Kans	Michael Krawitz, Sr. VP
- Florida	<del></del>	
	-	
## A		
· · · · · · · · · · · · · · · · · · ·		

## **PLAN OF MERGER**

(Merger of subsidiary corporation(s))

The following plan of merger is submitted in compliance with section 607.1104, Florida Statutes, and in accordance with the laws of any other applicable jurisdiction of incorporation.

The name and jurisdiction of the <u>parent</u> corporation owning at least 80 percent of the outstanding shares of each class of the subsidiary corporation:

<u>Name</u>	Jurisdiction
York Risk Services Group, Inc.	New York
The name and jurisdiction of each <u>subsidiary</u> corporation	·
Name	Jurisdiction
York Risk Services Group, Inc Florida	Florida
	,

The manner and basis of converting the shares of the subsidiary or parent into shares, obligations, or other securities of the parent or any other corporation or, in whole or in part, into cash or other property, and the manner and basis of converting rights to acquire shares of each corporation into rights to acquire shares, obligations, and other securities of the surviving or any other corporation or, in whole or in part, into cash or other property are as follows:

shares of subsidiary will be cancelled at the time of the merger.

(Attach additional sheets if necessary)

If the merger is between the parent and a subsidiary corporation and the parent is not the surviving corporation, a provision for the pro rata issuance of shares of the subsidiary to the holders of the shares of the parent corporation upon surrender of any certificates is as follows: If applicable, shareholders of the subsidiary corporations, who, except for the applicability of section 607.1104, Florida Statutes, would be entitled to vote and who dissent from the merger pursuant to section 607.1321, Florida Statutes, may be entitled, if they comply with the provisions of chapter 607 regarding appraisal rights of dissenting shareholders, to be paid the fair value of their shares. Other provisions relating to the merger are as follows: