(Re	equestor's Name)
(Ad	ldress)
(Ad	dress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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THE PARTY OF COST CAREEDY

SEP. -2 2014

R. WHITE



FILING INSTRUCTIONS FOR ARTICLES OF MERGER

CLIENT/MATTER #: 40547.0005

WPB CONTACTS:

Ivy Rosenthal, Paralegal – Office (561) 832-3300 ext. 25378

Email: irosenthal@broadandcassel.com

Matthew Kissner, Associate - Office (561) 832-3300 ext. 25322

Email: mkissner@broadandcassel.com

INSTRUCTIONS:

Walk-In Filing:

Florida Department of State
Division of Corporations – Filing Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
(850) 245-6050 – LLC Mergers

- 1. At 10:00 a.m., submit to front desk:
 - Executed original and one copy (or 2 copies if original not available) of Articles of Merger between AsgardHealth, LLC and AsgardHealth Acquisition LLC
 - Check #38048 for \$80.00 for filing fees and one (1) certified copy
- 2. Have a third copy of the document "Received" date stamped to scan and email to us.
- 3. **By 10:30 a.m.**, email "date stamped" copy of Articles of Merger to mkissner@broadandcassel.com and irosenthal@broadandcassel.com WITH THE FOLLOWING STATEMENT IN THE TEXT OF THE EMAIL:

"I hereby confirm that I have filed the AsgardHealth Articles of Merg	er with the Florida
Department of State, Division of Corporations, and it was received.	Attached is a "file
stamped" copy of the Articles of Merger confirming filing.	

• •	
Jesse Hughes	
Telephone #	11

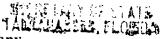
COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: AsgardHealth, LLC						
Name of Surviving Party						
The enclosed Certificate of Merger an	nd fee(s) are submitted for filing.					
Please return all correspondence cond	eerning this matter to:					
Ivy Rosenthal, Paralegal						
Contact Person						
Broad and Cassel						
Firm/Company						
One N. Clematis Street, Suite 500)					
Address						
West Palm Beach, FL 33401						
City, State and Zip C	ode					
irosenthal@broadandcassel.com						
E-mail address: (to be used for future	annual report notification)					
For further information concerning th	is matter, please call:					
Ivy Rosenthal, Paralegal	at (561)832-3300 ext. 25378					
Name of Contact Person	Area Code Daytime Telephone Number					
✓ Certified copy (optional) \$30.	00					
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, FL 32301	Tallahassee, FL 32314					

FILED

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Articles of Merger For Florida Limited Liability C



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:

<u>Name</u>	Jurisdiction	Form/Entity Type
AsgardHealth, LLC	Florida	limited liability company
AsgardHealth Acquisition LLC	Florida	limited liability company
SECOND: The exact name, form/entity t	ype, and jurisdiction of the <u>surviv</u>	ing party are as follows:
<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
AsgardHealth, LLC	Florida	limited liability company

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).

FOUR	RTH: Please check one of th	e boxes that	apply to survivi	ng entity: (if applica	ble)	
V	This entity exists before the organic record are attached.	merger and	is a domestic fil	ing entity, the amend	lment, if any to it	s public
	This entity is created by the	merger and	s a domestic fil	ing entity, the public	organic record is	attached.
	This entity is created by the limited liability partnership,				I partnership or a	domestic
	This entity is a foreign entity state. The mailing address 605.0117 and Chapter 48, F	to which the	department ma	•		
	H: This entity agrees to pay an			ights the amount, to	which members a	are entitled
	ss.605.1006 and 605.1061-60 <u>H:</u> If other than the date of fi			ate of the merger, wh	nich cannot be pri	or to nor
more t	han 90 days after the date this	s document i	s filed by the Fl	orida Department of	'State:	
SEVE	NTH: Signature(s) for Each	Party:				
Name	of Entity/Organization:	;	Signature(s):		Typed or Printe Name of Individ	
	rdHealth, LLC				Bradford S. I	Lovette,
Asga	rdHealth Acquisition LLC	-			Monica Demito RiverMend Hea as Managing N	alth, LLC
Corpo	rations:			President or Office		
Florida Non-F	al partnerships; a Limited Partnerships: lorida Limited Partnerships; ed Liability Companies;	Signature Signatures Signature		ner	rson	
Fees:	For each Limited Liability C For each Limited Partnership For each Other Business Ent	Company:	\$25.00 \$52.50 \$25.00	For each Corpor For each Genera Certified Copy	l Partnership:	\$35.00 \$25.00 \$30.00

<u>FOUF</u>	RTH:	Please check one of the	e boxes tha	nt apply to survivi	ng entity: (if appl	cable)	
V	This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.						
	This	entity is created by the	merger and	d is a domestic fil	ing entity, the pub	lic organic record is	s attached.
		entity is created by the ed liability partnership,				ted partnership or a	domestic
	state.	entity is a foreign entity The mailing address 1117 and Chapter 48, F	to which th	ne department ma			
	·		· · · · · · · · · · · · · · · · · · ·				
under SIXT	ss.605 <u>H:</u> If (s entity agrees to pay an .1006 and 605.1061-60. other than the date of fill days after the date this	5.1072, F.S ling, the de	S. layed effective da	ate of the merger,	which cannot be pri	
SEVE	NTH:	Signature(s) for Each	Party:			Typed or Printe	:d
		ity/Organization: llth, LLC		Signature(s):		Name of Individence Bradford S. 1	dual:
Asga	rdHea	Ith Acquisition LLC		Mone	a Domita	Manager Monica Demite RiverMend Hea as Managing N	alth, LLC
	al part	nerships:	(If no direc Signature	tors selected, signate of a general part	, President or Offi ure of incorporator.) tner or authorized		
Non-F	lorida	ted Partnerships: Limited Partnerships: bility Companies:	Signature	es of all general p e of a general part e of an authorized	ner		
Fees:	For e	ach Limited Liability C ach Limited Partnership ach Other Business Ent	o:	\$25.00 \$52.50 \$25.00	For each Corp For each Gene Certified Cop	ral Partnership:	\$35.00 \$25.00 \$30.00