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COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: Able Scallold LLC Name of Surviving Party						
The enclosed Certificate of Merger and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to:						
Angelt Bullough Contact Person						
Firm/Company						
7475 NW 63 St Address						
Migni FC 33166 City, State and Zip Code						
Angela @ Ab) e Scallold. COM Li-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Angel A at (305) 592-5940 Name of Contact Person Area Code Daytime Telephone Number						
Certified copy (optional) \$30.00						
STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314						

CR2E080 (2/14)

Articles of Merger For Florida Limited Liability Company



2017 JUL 13 PM 4:49

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	<u>Jurisdiction</u>	Form/Entity Type
Able Scallold, LLC	FLORIDA	
Able Export, uc	FLORIDA	LLC -LD100001669
	***************************************	With the translation and t
- Individual - I		
SECOND: The exact name, form/entity t	ype, and jurisdiction of the survivi	ng party are as follows:
<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
Able Scaffold, LLC	<u> FLORIDA</u>	LLC -LD1000016692
,		

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).

TOOK	FIE Picase check one of the b	oxes mat apply	to surviving en	tity: (if applicable)						
0	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 is a domestic filing entity, the public organic record is attached.									
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.									
a	This entity is a foreign entity that does not have a certificate of authority to transact business in this state. The mailing address to which the department may send any process served pursuant to s. 605.0117 and Chapter 48, Florida Statutes is:									
	L: This entity agrees to pay any 1 1006 and 605.1061-605.1072, F		ppraisal rights	the amount, to which members are entit	led under					
	L: If other than the date of filing ter the date this document is file			the merger, which cannot be prior to no f State:	r more than 90					
		March	aa	2017						
as the d	If the date inserted in this block locument's effective date on the NTH: Signature(s) for Each Parof Entity/Organization: Able Scallold Expost	Department of		Typed or Printed Name of Individual	I					
Florida Non-Fl	ations: l partnerships: Limited Partnerships: lorida Limited Partnerships: d Liability Companies:	(If no director Signature of a Signatures of Signature of a	rs selected, sigi	r						
Fees:	For each Limited Liability Cor For each Limited Partnership: For each Other Business Entity	mpany:	\$25.00 \$52.50 \$25.00	For each Corporation: For each General Partnership: Certified Copy (optional):	\$35.00 \$25.00 \$30.00					