1/7/2015 15:24:52 From For 8506176 Division of Corporations Florida Department of State **Division** of Corporations **Electronic Filing Cover Sheet** 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. (((H1500005204 3))) H150000052043ABCR Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : C T CORPORATION SYSTEM HM 9: -Account Number : FCA00000023 Phone : (850)222-1092 : (850)878-5368 Fax Number **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: 36 RECEIVED ö **MERGER OR SHARE EXCHANGE GLOBAL INSURANCE MANAGEMENT COMPANY, L.L.C.** Certificate of Status 0 Ł 15 JAN. Ð Certified Copy 03 Page Count \$75.00 Estimated Charge Electronic Filing Menu Corporate Filing Menu Help

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Articles of Merger 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 Ju	urisdiction	Form/Entity Type	
Global Insurance Management Company of Kentucky, L.L.C.	Kentucky	Limited Liability Company	
Global Insurance Management Company of Ohio, L.L.C.	Ohio	Limited Liability Company	

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

Name	Jurisdiction	Form/Entity Type
Global Insurance Management Company, L.L.C.	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).

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FOUR	TH: Please check one of the boxes that apply to surviving entity: (if applicable)
X	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.
	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.
	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:

<u>FIFTH:</u> This entity agrees to pay any members with appraisal rights the amount, to which members are entitled under ss.605.1006 and 605.1061-605.1072, F.S.

<u>SIXTH:</u> If other than the date of filing, the delayed effective date of the merger, which cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State:

SEVENTH: Signature(s) for Each Party:

Name of Entity/Organization:	Signaturc(s):	Typed or Printed Name of Individual:
Global Insurance Management Company of Kentucky, 1.J.,C.	Lm.k	Joshua M. Salman
Global insurance Management Company of Ohio, 11C.	Munil	Joshua M. Salman
Global Insurance Management Company, L.L.C.	1/2 ml	Joshua M. Salman

Corporations:

General partnerships: Si Florida Limited Partnerships: Si Non-Florida Limited Partnerships: Si Limited Liability Companies: Si

Chairman, Vice Chairman, President or Officer (If no directors selected, signature of incorporator.) Signature of a general partner or authorized person Signatures of all general partners Signature of a general partner Signature of an authorized person

Fees: For each Lin	nited Liability Company:	\$25.00	For each Corporation:	\$35.00
For each Lin	nited Partnership:	\$52.50	For each General Partnership:	\$25.00
For each Ou	er Business Entity:	\$25.00	Certified Conv (ontional):	\$30.00