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.

(((H220002450143)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (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 FLORIDA POSTORS HOLDING COMPANY, LLC

Certificate of Status Certified Copy 1 Page Count 04 Estimated Charge 383.75

¹⁶105.∞

this should be \$105.00

(\$25 ptus \$30 CC)

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Help

H22000245014

COVER LETTER

TO:

Amendment Section

Division of Corporations

SUBJECT: Florida Doctors Holding Company, 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:

Christy Floyd, Senior Paralegal

Contact Person

Burr & Forman LLP

Firm/Company

420 North 20th Street, Suite 3400

Address

Birmingham, AL 35203

City, State and Zip Code

kathrynneville@proassurance.com

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

For further information concerning this matter, please call:

Christy Floyd

....20

458-5342

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 (2/20)

Articles of Merger For Florida Limited Liability Company

F/1H22000245014

--- JUL 19 PM 5:5D

The following Articles of Merger is submitted to merge the following Florida Limited Limited Limited Limited HALE AHASSEE, FL

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

Name Insurance Company Managers LLC	<u>Jurisdiction</u> Florida	Form/Entity Type Limited Liability Company
FLDIC Practice Solutions, LLC	Florida	Limited Liability Company
SECOND: The exact name, form/entity typ	e, and jurisdiction of the sars	viving party are as follows:
<u>Namę</u>	Jurisdiction	Form/Entity Type
Florida Doctors Holding Company, 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).

H22000245014

POUR	TH: Please check one of the be	oxes that apply	to surviving ent	ity: (if applicable)	112200	52 45514			
Ø	This entity exists before the me are attached.	erger and is a d	omestic filing er	ntity, the amendment, i	f any to its public or	ganic record			
	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 the mailing address to which the de Florida Statutes is:								
						 			
	I: This entity agrees to pay any r 1006 and 605.1061-605.1072, F		appraisal rights t	he amount, to which m	embers are entitled	under			
JUI) Note: as the co	L: If other than the date of filing fer the date this document is file / 31, 2022 If the date inserted in this block document's effective date on the NTH: Signature(s) for Each Par	d by the Florid does not meet Department of	a Department of	State:		_ -			
				4 • • •	Typed or Print Name of Indiv				
	of Entity/Organization: ance Company Manage		gnatureds):	7.0	Michael L. Be				
FLD	IC Practice Solutions	s, LLC	No 12	tay!	Michael L. Be	oguski			
Florid	a Doctors Holding Compa	ny, LLC	VIII	(fre)	Michael L. Bo	oguski			
						·			
Florida Non-Fl	ations: I partnerships: Limited Partnerships: orida Limited Partnerships: I Liability Companies:	(If no director Signature of Signatures of Signature of	rs selected, signi	•					
Fees:	For each Limited Liability Corr For each Limited Partnership: For each Other Business Entity	• •	\$25.00 \$52.50 \$25.00	For each Corporation For each General P. Certified Copy (or	artnership:	\$35.00 \$25.00 \$30.00			