# L0500105236

(	(Requestor's Name)	
	(Address)	
	(Address)	
,	(Address)	
!	(City/State/Zip/Phone #	3)
PICK-UP	WAIT	MAIL
	Business Entity Name	
,	Ocsiness Entity Maine,	,
1	(Document Number)	
Certified Copies	_ Certificates o	of Status
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SECRETARY OF STATE

12/21/2022

### **CT CORP**

#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	12/20/2022
	Acc#120160000072
Name:	Pioneer Technology Group, LLC
Document #:	
Order #:	14688902 - 15
Certified Copy of Arts & Amend: Plain Copy:	
Certificate of Good Standing:	
Certified Copy of	
Apostille/Notarial Certification:	Country of Destination:  Number of Certs:
Filing: 🗸	Certified: Email Address for Annual Report Notification
	Plain:  COGS:
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$ 60.00
	Thank you!

#### **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Pioneer Technology Group, LLC	
Sobrect:	Name of Surviving Party
The enclosed Certificate of Merger and fee	(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Maura Foley	
Contact Person	1
Weil, Gotshal & Manges	
Firm/Company	<del>.</del>
100 Federal Street, 34th Floor	
Address	
Boston, MA 02110	
City, State and Zip	Code
Maura.Foley@weil.com	
E-mail address: (to be used for futu	re annual report notification)
For further information concerning this material	tter, please call:
Maura Foley	at () 772-8372
Name of Contact Person	at () 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 32314
Tallahassee, FL 32301	

CR2E080 (2/20)

#### Articles of Merger For Florida Limited Liability Company

## FILED

2022 DEC 20 PM 12: 44

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
Syscon, Inc.	Alabama	Corporation
Pioneer Technology Group, LLC	Florida	LLC
<b>SECOND:</b> The exact name, form/entity type, a	nd jurisdiction of the <u>surviving</u> part	y are as follows:
<u>Name</u>	Jurisdiction	Form/Entity Type
Pioneer Technology Group, LLC	Florida	LLC

<u>THIRD:</u> 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).

	FOURTH:	Please check	one of the boxes	that apply to s	urviving e	entity: (if a	pplicable)
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×	This entity exists before the mare attached.	erger and is a d	omestic filing e	ntity, the amendment, it	fany to its public	organic record
_	This entity is created by the m	erger and is a d	omestic filing e	ntity, the public organic	record is attache	d.
	This entity is created by the m liability partnership, its statem	_		liability limited partner	ship or a domesti	c limited
This entity is a foreign entity that does not have a certificate of authority to transact business in this state mailing address to which the department may send any process served pursuant to s. 605.0117 and Chap Florida Statutes is:						
	1: This entity agrees to pay any 1006 and 605.1061-605.1072.		appraisal rights	the amount, to which m	embers are entitle	ed under
	H: If other than the date of filin ter the date this document is file.				ot be prior to nor	more than 90
12/31/2	22					
as the o	If the date inserted in this block document's effective date on the NTH: Signature(s) for Each Particular (S) Signature(s) for Each Particular (S) for	e Department of	• •		ents, this date wi Typed or Pr Name of Inc	inted
Syscon	, <del>-</del>	(	Operational by		David Winters	
	r Technology Group, LLC		David Uniters	<del></del>	David Winters	
			David Unites			
Corpoi	rations:			resident or Officer		
	al partnerships:	Signature of	a general partne	r or authorized person		
			fall general part			
	lorida Limited Partnerships: d Liability Companies:	_	a general partne an authorized p			
Fees:	For each Limited Liability Co For each Limited Partnership: For each Other Business Entit		\$25.00 \$52.50 \$25.00	For each Corporati For each General P Certified Copy (o)	artnership:	\$35.00 \$25.00 \$30.00