Florida Department of State

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.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : FISHER, TOUSEY, LEAS & BALL

Account Number : I19990000021 : (904)356-2600 Fax Number : (904)355-0233

Enter the email address for this business entity to be used for futore annual report mailings. Enter only one email address please.

Email Address: joey@flowfinancial.com

MERGER OR SHARE EXCHANGE STRIVUS WEALTH PARTNERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$50.00

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.

Flow Financial Partners LLC

Florida

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

Name

Strivus Wealth Partners, LLC

Jurisdiction

Form/Entity Type

LLC

Form/Entity Type

LLC

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

<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).

FILED
2025 JAN -2 PM 4: 15
SECREDARY OF STATE

FOUR	TH: Please check one of the bo	xes that ap	ply to surviving en	tity: (if applicable)						
Ø	This entity exists before the me are attached.	rger and is	a domestic filing e	ntity, the amendment, i	f any to its pub	lic organic 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 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:									
SIXTE days af	I: This entity agrees to pay any nation 1006 and 605,1061-605,1072. F. I: If other than the date of filing. The the date this document is filed the date inserted in this block of document's effective date on the date on the date.	the delayed by the Flood	ed effective date of orida Department of the applicable s	the merger, which canr f State: tatutory filing requirem	not be prior to r	oor more than 90				
	NTH: Signature(s) for Each Part	y :			Typed or					
Name (of Entity/Organization:		Signature(s):		Name of	Individual:				
Flov	v Financial Partners	LLC	Joseph k. lo	\$\$	Joseph I	K. Loss				
Striv	vus Wealth Partners	, LLC	#3F2#100F02642A		Adam D.	Van Wie				
Florida Non-Fl	ations: I partnerships: Limited Partnerships: orida Limited Partnerships: I Liability Companies:	(If no dire Signature Signature Signature	ectors selected, sign	r						
Fees:	For each Limited Liability Com For each Limited Partnership: For each Other Business Entity:	-	\$25.00 \$52.50 \$25.00	For each Corporation For each General P	artnership:	\$35.00 \$25.00 \$30.00				

<u>FOUF</u>	TH: Please check one of the be	oxes that ap	pply to sur	viving entity	: (if applicable)				
Ø	This entity exists before the me are attached.	erger and is	a domest	ic filing entit	y, the amendment, i	f any to its pub	lic organic 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:				•				
days a Note:	H: If other than the date of filing fter the date this document is file If the date inserted in this block document's effective date on the	d by the FI	orida Depa	artment of St	ate:				
SEVE	NTH: Signature(s) for Each Par	ty:				Translase	Deinsal		
Name of Entity/Organization:		Signature(s):		Typed or Printed Name of Individual:					
Flov	w Financial Partners	s LLC		Docu Signed	nv.	Joseph k	C. Loss		
Stri	vus Wealth Partners	, LLC		7	. VAN WE	Adam D.	Van Wie		
Genera Florida Non-F	rations: Il partnerships: a Limited Partnerships: lorida Limited Partnerships: d Liability Companies:	Off no direction Signature Signature Signature	ectors sele e of a gene es of all ge e of a gene	cted, signatu					
Fees:	For each Limited Liability Con For each Limited Partnership: For each Other Business Entity		\$52	5.00 2.50 5.00	For each Corporati For each General P Certified Copy (o)	artnership:	\$35.00 \$25.00 \$30.00		