

LOT000033598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Merger

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DIVISION OF CORPORATE REGISTRATION
07 AUG 20 PM 3:28

LOT-33598
PO6-12086
A06-1264

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INnMED, 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:

Luke Korkowski

(Contact Person)

Korkowski Law, LLC

(Firm/Company)

502 Whiterock, Ave, Suite 200

(Address)

Crested Butte, CO 81224

(City, State and Zip Code)

For further information concerning this matter, please call:

Luke Korkowski

(Name of Contact Person)

at (970) 349-2535

(Area Code and Daytime Telephone Number)

☐ Certified copy (optional) \$30.00

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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DIVISION OF CORPORATIONS

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**Certificate of Merger
For
Florida Limited Liability Company**

The following Certificate of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 608.4382, Florida Statutes.

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

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
INNEMED SOUTHWEST CRYOTHERAPY, L.L.C.	Florida	LLC
INNEMED, INC.	Florida	Profit Corporation
INNEMED FRONT RANGE CRYOTHERAPY, LP	Florida	LP

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

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
INNEMED, LLC	Colorado	LLC

THIRD: The attached plan of merger was approved by each domestic corporation, limited liability company, partnership and/or limited partnership that is a party to the merger in accordance with the applicable provisions of Chapters 607, 608, 617, and/or 620, Florida Statutes.

FOURTH: The attached plan of merger was approved by each other business entity that is a party to the merger in accordance with the applicable laws of the state, country or jurisdiction under which such other business entity is formed, organized or incorporated.

FIFTH: If other than the date of filing, the 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:

SIXTH: If the surviving party is not formed, organized or incorporated under the laws of Florida, the survivor's principal office address in its home state, country or jurisdiction is as follows:

502 Whiterock Ave, Suite 200

Crested Butte, CO 81224, United States

SEVENTH: If the survivor is not formed, organized or incorporated under the laws of Florida, the survivor agrees to pay to any members with appraisal rights the amount, to which such members are entitled under ss.608.4351-608.43595, F.S.

EIGHTH: If the surviving party is an out-of-state entity not qualified to transact business in this state, the surviving entity:

a.) Lists the following street and mailing address of an office, which the Florida Department of State may use for the purposes of s. 48.181, F.S., are as follows:

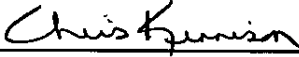
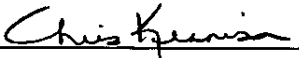
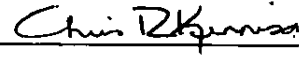
Street address: 502 Whiterock Ave, Suite 200

Crested Butte, CO 81224, United States

Mailing address: PO Box 3468, Crested Butte, CO 81224, United States

b.) Appoints the Florida Secretary of State as its agent for service of process in a proceeding to enforce obligations of each limited liability company that merged into such entity, including any appraisal rights of its members under ss.608.4351-608.43595, Florida Statutes.

NINTH: Signature(s) for Each Party:

Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:
INNMED SOUTHWEST CRYOTHERAPY, L.L.C.		Chris Kinnison
INNMED, INC.		Chris Kinnison
INNMED FRONT RANGE CRYOTHERAPY, LP		Chris Kinnison

Corporations:	Chairman, Vice Chairman, President or Officer <i>(If no directors selected, signature of incorporator.)</i>
General partnerships:	Signature of a general partner or authorized person
Florida Limited Partnerships:	Signatures of all general partners
Non-Florida Limited Partnerships:	Signature of a general partner
Limited Liability Companies:	Signature of a member or authorized representative

<u>Fees:</u>	For each Limited Liability Company:	\$25.00
	For each Corporation:	\$35.00
	For each Limited Partnership:	\$52.50
	For each General Partnership:	\$25.00
	For each Other Business Entity:	\$25.00

<u>Certified Copy (optional):</u>	\$30.00
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PLAN OF MERGER

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

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
INNEMED SOUTHWEST CRYOTHERAPY, L.L.C.	Florida	LLC
INNEMED, INC.	Florida	Profit Corporation
INNEMED FRONT RANGE CRYOTHERAPY, LP	Florida	LP

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

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
INNEMED, LLC	Colorado	LLC

THIRD: The terms and conditions of the merger are as follows:

(Attach additional sheet if necessary)

FOURTH:

A. The manner and basis of converting the interests, shares, obligations or other securities of each merged party into the interests, shares, obligations or others securities of the survivor, in whole or in part, into cash or other property is as follows:

INNMED, INC. is currently the sole owner of INNMED FRONT RANGE
CRYOTHERAPY, LP and INNMED SOUTHWEST CRYOTHERAPY, L.L.C.
The percentage of ownership of each shareholder of INNMED, INC.,
computed by dividing each shareholder's shares of stock by the
number of total outstanding shares of stock, shall represent
each shareholder's percentage ownership interest in INnMED, LLC.

(Attach additional sheet if necessary)

B. The manner and basis of converting rights to acquire the interests, shares, obligations or other securities of each merged party into rights to acquire the interests, shares, obligations or others securities of the survivor, in whole or in part, into cash or other property is as follows:

(Attach additional sheet if necessary)

FIFTH: Any statements that are required by the laws under which each other business entity is formed, organized, or incorporated are as follows:

No amendments to the constituent documents of the
surviving entity, INnMED, LLC, are required by the merger.

The manager of INnMED, LLC is Chris Kinnison.

The manager's office address is 502 Whiterock Ave,
Suite 200, Crested Butte, CO 81224.

The manager's mailing address is 99 Regency Parkway,
Suite 203, Mansfield, TX 76063.

(Attach additional sheet if necessary)

SIXTH: Other provisions, if any, relating to the merger are as follows:

(Attach additional sheet if necessary)