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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TLST, LLC  
(Name of Surviving Party)

Please return all correspondence concerning this matter to:

TAMMARA BEZANSON  
(Contact Person)

TLST, LLC  
(Firm/Company)

217 SW 39TH TERRACE  
(Address)

CAPE CORAL, FL 33914  
(City, State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

TAMMARA BEZANSON at (239) 246-0561  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

☒ Certified Copy (optional) \$8.75

**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

**Articles of Merger  
For  
Florida Profit or Non-Profit Corporation**

The following Articles of Merger are submitted to merge the following Florida Profit and/or Non-Profit Corporation(s) in accordance with s. 607.1109 or 617.0302, 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>
<u>TLST, INC</u>	<u>LEE COUNTY, FL</u>	<u>CORP.</u>
<u>TLST, LLC</u>	<u>LEE COUNTY, FL</u>	<u>LLC</u>

**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>
<u>TLST, LLC</u>	<u>LEE COUNTY, FL</u>	<u>LLC</u>

**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:

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**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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SEVENTH:** If the surviving party is an out-of-state entity, the surviving entity:

a.) Appoints the Florida Secretary of State as its agent for service of process in a proceeding to enforce any obligation or the rights of dissenting shareholders of each domestic corporation that is party to the merger.

b.) Agrees to promptly pay the dissenting shareholders of each domestic corporation that is a party to the merger the amount, if any, to which they are entitled under s. 607.1302, F.S.

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**EIGHTH:** Signature(s) for Each Party:

Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:
TLST, INC	T. Beyanson	PRES. TAMMARA BEZANSON
TLST, LLC	T. Beyanson	PRES. TAMMARA BEZANSON

Corporations:	Chairman, Vice Chairman, President or Officer (If no directors selected, signature of incorporator.)
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

**Fees:** \$35.00 Per Party

**Certified Copy (optional):** \$8.75

STATE OF FLORIDA  
TALLAHASSEE  
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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>
TLST, INC	LEE COUNTY, FL	INC
TLST, LLC	LEE COUNTY, FL	LLC

**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>
TLST, LLC	LEE COUNTY, FL	LLC

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

TLST, LLC will absorb all debt  
+ property of TLST, INC.  
TLST, LLC will become responsible  
for all business previously done by  
TLST, INC. and to include all  
livestock + inventory

(Attach additional sheet if necessary)

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MAR 19 2018  
LEE COUNTY, FL  
CLERK OF CIRCUIT COURT

**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:

TEST, INC is owned/operated by myself,  
Tammara Beyanson, President. There  
are no partners or shares. TEST, LLC  
will absorb all responsibilities of  
TEST, INC to include all properties,  
debt + livestock, as well as  
inventory

(Attach additional sheet if necessary)

B. The manner and basis of converting the rights to acquire the interests, shares, obligations or other securities of each merged party into the 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:

Managing personnel, myself, President  
owner has approved all changes.  
There are no partners or employees.  
TEST, LLC will acquire all debt,  
property, livestock + inventory to  
continue business

(Attach additional sheet if necessary)

**FIFTH:** If a partnership is the survivor, the name and business address of each general partner is as follows:

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(Attach additional sheet if necessary)

**SIXTH:** If a limited liability company is the survivor, the name and business address of each manager or managing member is as follows:

TLST, LLC —

TAMARA BEZANSON, PRESIDENT / OWNER

217 SW 39<sup>th</sup> TERRACE

CAPE CORAL, FL 33914

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(Attach additional sheet if necessary)



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

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*(Attach additional sheet if necessary)*

**EIGHTH:** Other provision, if any, relating to the merger are as follows:

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*(Attach additional sheet if necessary)*

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CLERK OF COURT  
ALABAMA  
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