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| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
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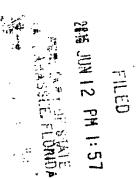
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COVER LETTER

| Division of Corporations | | | | | | |
|--|--|--|--|--|--|--|
| SUBJECT: | LOTUS MJYX, LLC | | | | | |
| | Name of Surviving Party | | | | | |
| The enclosed Certificate of Merger and for | ee(s) are submitted for filing. | | | | | |
| Please return all correspondence concern | ing this matter to: | | | | | |
| Stephen M. Brusini, Esq. | | | | | | |
| Contact Person | | | | | | |
| Orson and Brusini Ltd. | | | | | | |
| Firm/Company | | | | | | |
| 144 Wayland Avenue | | | | | | |
| Address | and the state of t | | | | | |
| Providence, RI 02906 | | | | | | |
| City, State and Zip Code | The state of the s | | | | | |
| sbrusini@orsonandbrusini.com | | | | | | |
| E-mail address: (to be used for future ann | nual report notification) | | | | | |
| For further information concerning this n | natter, please call: | | | | | |
| Stephen M. Brusini, Esq. | at (401) 223-2100 | | | | | |
| Name of Contact Person | 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 32301 | Tallahassee, FL 32314 | | | | | |

TO: Amendment Section

Articles of Merger For

FILED 2016 JUN 12 PM 1:57

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.

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

| Name | Jurisdiction | Form/Entity Type |
|---|------------------------------------|---------------------------|
| LOTUS MJYX, LLC | Florida | limited liability company |
| LOTUS MJYX, LLC | Rhode Island | limited liability company |
| | | |
| SECOND: The exact name, form/entity typ | e, and jurisdiction of the survivi | ng party are as follows: |
| Name | Jurisdiction | Form/Entity Type |
| LOTUS MJYX, LLC | Rhode Island | 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).

| FOU | RTH: | Please check one of th | e boxes tha | t apply to surviv | ing entity: (if applic | able) | | | |
|------------------------------|--|--|--|-------------------------------|---|--------------------|-------------------------------|--|--|
| | This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached. | | | | | | | | |
| | This | entity is created by the | merger and | is a domestic fil | ing entity, the public | e organic record i | s attached. | | |
| | | entity is created by the ed liability partnership, | | | | d partnership or a | domestic | | |
| Ø | state | 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: | | | | | | | |
| | c/o | Orson and Brusini Ltd | l. | | | | | | |
| | 144 | 144 Wayland Avenue | | | | | | | |
| | Prov | Providence, RI 02906 | | | | | | | |
| Jul | у 1, | O days after the date this 2015 Signature(s) for Each | | is med by the Fi | onda izeparanene o | | multiple | | |
| Name of Entity/Organization: | | | Signature(s): | | Typed or Printed Name of Individual: | | | | |
| LOTU | JS MJ | YX, LLC (FL) | | Michel 1 | How M | Michael P. Re | ynolds | | |
| LOTU | JS MJ | YX, LLC (RI) | | Midsf fl. | ling | Michael P. Re | ynolds | | |
| Florida | al parti a Limi | nerships: ted Partnerships: Limited Partnerships: | (If no direct Signature Signature: | ors selected, signati | ner or authorized pe artners | | | | |
| | | ility Companies: | | of an authorized | | | | | |
| Fees: | For e | ach Limited Liability Co ach Limited Partnership ach Other Business Enti |): | \$25.00 \$52.50 \$25.00 | For each Corpora For each Genera Certified Copy | l Partnership: | \$35.00 \$25.00 \$30.00 | | |