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Office Use Only



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*CT CORP

(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

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| Name: | IMIA, LLC | | |
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| Order #: | 16071766 | | |
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| | Plain: COGS: | | |
| Availability Document Examiner Updater Verifier W.P. Verifier Ref# | Amount: | \$ 50.00 | |

Thank you!

COVER LETTER

| TO: | Amendment Section Division of Corporations | | | |
|---------------------------------|---|--------------------------------|---|--|
| cub i | ECT: IMIA, LLC | | | |
| SUDA | Name of Surviving Party | | | |
| The er | nclosed Certificate of Merger and fee(s) | are submitted for fil | ing. | |
| Please | return all correspondence concerning th | is matter to: | | |
| Aar | on Melton | | | |
| | Contact Person | | | |
| Arm | nada Parent, Inc. | | | |
| | Firm/Company | | | |
| 305 | 500 State Highway 181, | Suite 128 | | |
| | Address | | | |
| Spa | anish Fort, Alabama 365 | 27 | | |
| | City, State and Zip Co | de | | |
| am | elton@armadainc.com | | | |
| | E-mail address: (to be used for future a | annual report notific | cation) | |
| | | | | |
| For fi | orther information concerning this matter | r, please call: | | |
| | ron Melton | | 395-5196 | |
| | Name of Contact Person | Area Code | Daytime Telephone Number | |
| | Certified copy (optional) \$30.00 | | | |
| Amer Divis Clifto 2661 | EET ADDRESS: Indirect Section Identifications Identifications In Building Executive Center Circle In Bussee, FL 32301 | Amendi Division P. O. Bo | ng ADDRESS: ment Section n of Corporations ox 6327 ssee, FL 32314 | |

CR2E080 (2/20)

Articles of Merger For Florida Limited Liability Company

FILED 2025JAH - 7 PM 2:52

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 605.1025, Florida Statutes.

| <u>Vaine</u> | <u>Jurisdiction</u> | Form/Entity Type | |
|---|-----------------------------|---------------------------|--|
| Advanced Marine Preservation, LLC | New Hampshire | Limited Liability Company | |
| | | | |
| | | | |
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| | | | |
| | Control of the constitution | party are as follows: | |
| COND The second form lantitu tur | | | |
| ECOND: The exact name, form/entity typ | | | |
| SECOND: The exact name, form/entity typ | Jurisdiction Jurisdiction | Form/Entity Type | |

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).

| FOUR | ΓΗ: Please check one of the box | xes that app | oly to surviving enti | ty: (if applicable) | | |
|-----------------|--|----------------------|--|---|---------------------------|-------------------------------|
| Z) | This entity exists before the mer are attached. | ger and is a | a domestic filing en | tity, the amendmer | nt, if any to its public | organic record |
| | This entity is created by the mer | ger and is a | a domestic filing en | tity, the public org | anic record is attached | i. |
| | 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: | | | | | |
| | | | | | | |
| ss.605. | This entity agrees to pay any magnetic to the sentity agrees to pay any magnetic that the sent that the date of filing the sent the date this document is filed. | S. , the delaye | ed effective date of | the merger, which | | |
| as the | If the date inserted in this block document's effective date on the | Departmen | eet the applicable s it of State's records | atutory filing requ | irements, this date wi | |
| | NTH: Signature(s) for Each Par of Entity/Organization: | ty: | Signature(s): | | Typed or Pt Name of In | dividual: |
| IMI | A, LLC | | | 1/ | Yehuda Chakoff; Au | thorized Officerr |
| Adva | anced Marine Preservatio | on, LLC | | | Yehoda Chakoff; Au | ithorized Officer |
| Corpo | rations: | (If no dir | n, Vice Chairman, I | nature of incorport | ator.) | |
| Florid Non-F | al partnerships: a Limited Partnerships: Florida Limited Partnerships: ed Liability Companies: | Signatur Signatur | e of a general partners of all general partners of a general partners of a general partners of an authorized p | tners er | rson | |
| Fees: | For each Limited Liability Cor For each Limited Partnership: For each Other Business Entity | | \$25.00 \$52.50 \$25.00 | For each Corp For each Gene <u>Certified Co</u> | eral Partnership: | \$35.00 \$25.00 \$30.00 |