Florida Department of Sta Division of Corporations

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(((H140000029603)))



H140000029603ABCW

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To:

Division of Corporations

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Account Name

: FOWLER WHITE BOGGS P.A.

Account Number :

120010000243

Phone

(239) 334-7892

Fax Number

: (239) 985-4804

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

Email Address: robin@alliedoortables.com

MERGER OR SHARE EXCHANGE Allied Portables, LLC

Certificate of Status	0 ;
Certified Copy	1
Page Count	02
Estimated Charge	\$58,75

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Electronic Filing Menu

Corporate Filing Menu

Help

T. LEWIEUX

https://efile.sunbiz.org/scripts/efilcovr.exe

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CERTIFICATE OF MERGER

IRST: The exact mollows:	ame, form/en	tity type, and jurisdi	ction for each merging party are a	i S	•
<u>Vame</u>		Jurisdiction	Form/Entity Type		·
T&M PORTABLES, ALLIED PORTABL		Florida Florida	Limited Liability Company Limited Liability Company		•
SECOND: The exacts follows:	ct name, forn	n/entity type, and jur	isdiction of the surviving party as	re .	
Name and Street Add	<u>lress</u>	Jurisdiction	Entity Type		
ALLIED PORTABL	ES, LLC	Florida	Limited Liability Company		•
ompany, partnershi	ip and/or li	mited partnership t	nestic corporation, limited liabilithat is a party to the merger is 505, Florida Statutes.	in 🖚	
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FIFTH: This entity agrees to pay any members with appraisal rights the amount, to which members are entitled under sections 605.1006 and 605.1061-605.1072, Florida Statutes.

SIXTH: If other than the date of filing, the delayed 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:

Signature(s)

January 6, 201

SEVENTH: Signature(s) for Each Party:

Name of Entity/

Organization:

T&M Portables, LLC

Allied Portables, LLC

46171784v1

Typed or Printed Name of Individual: