L69000017932

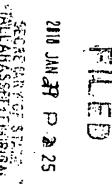
(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Cardis Florida Properties, LLC	
Sonject.	Name of Surviving Party
The enclosed Certificate of Merger and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Stuart M. Horwitz	
Contact Person	
Horwitz & Damicone, LLC	
Firm/Company	
4992 Foote Road, Suite 100	
Address	
Medina, Ohio 44256	
City, State and Zip	Code
stu@hdbusinesslaw.com	
E-mail address: (to be used for futur	e annual report notification)
For further information concerning this mat	ter, please call:
Stuart M. Horwitz	at ()
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 32314
Tallahassee, FL 32301	

CR2E080 (2/14)



December 28, 2017

STUART M HORWITZ 4992 FOOTE RD STE 100 MEDINA, OH 44256

SUBJECT: CARDIS FLORIDA PROPERTIES, LLC

Ref. Number: L09000077932

We have received your document for CARDIS FLORIDA PROPERTIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 417A00026284

Articles of Merger For 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:

<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
Cardis Florida Properties, LLC	Florida	Limited Liability Company
	 -	 -
-		
		
SECOND: The exact name, form/enti	ty type, and jurisdiction of the sur	viving party are as follows:
Name	Jurisdiction	Form/Entity Type
Cardis Florida Properties, LLC	Ohio	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).



<u>FOUR</u>	TH: Please check one of the	boxes that apply to	surviving er	tity: (if applicable)				
D	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 filing entity, the public organic record is attached.							
a	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.							
73	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:							
	4992 Foote Road, Suite 100, Medina, Ohio 44256							
	I: This entity agrees to pay any 1006 and 605.1061-605.1072,		praisal rights	the amount, to which members are o	entitled under			
SIXTI days at	$\underline{\mathbf{I}}$: If other than the date of filirefer the date this document is fi	ng, the delayed eft led by the Florida	ective date of Department of	the merger, which cannot be prior to f State:	o nor more than 90			
	If the date inserted in this bloc document's effective date on th			statutory filing requirements, this dates.	te will not be listed			
SEVE	NTH: Signature(s) for Each P	агту:		Typed or Pri	nted			
Name	of Entity/Organization:	Sign	nature(s):	Name of Indivi				
Cardis	Florida Properties, LLC	•	6/	Carrie C. Gy	nn, Manager			
Cardis	Florida Properties, LLC	٥		Carrie C. Gy	nn, Manager			
		· · · · · · · · · · · · · · · · · · ·	V					
			 					
Corpo	Corporations: Chairman, Vice Chairman, President or Officer (If no directors selected, signature of incorporator.)							
Genera	al partnerships:							
	eneral partnerships: Signature of a general partner or authorized person orida Limited Partnerships: Signatures of all general partners							
	on-Florida Limited Partnerships: Signature of a general partner							
	d Liability Companies:	Signature of a						
Fees:	For each Limited Liability Co	ompany:	\$ 25.00	For each Corporation:	\$35.00			
	For each Limited Partnership		\$52.50	For each General Partnership:	\$25.00			
	For each Other Business Enti		\$ 25.00	Certified Copy (optional):	\$30.00			