

L1000102335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

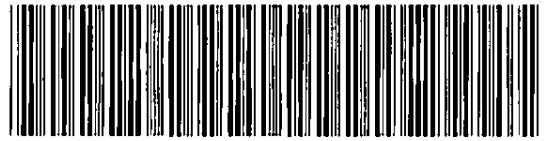
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 DEC 29 10:11:17

2017 DEC 29 AM 11:43

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C. GOLDEN

DEC 29 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hopewell Home Health Agency, LLC

Name of Surviving Party

The enclosed Certificate of Merger and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

John Grant

Contact Person

The Law Office of John A. Grant, P.A

Firm/Company

2121-C Killamey Way

Address

Tallahassee, FL 32309

City, State and Zip Code

blake@haywardtitlegroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Blake Hayward

at (850) 386-4400

Name of Contact Person

Area Code

Daytime Telephone Number

☒ Certified copy (optional) \$30.00

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
2017 DEC 29 AM 11:43
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA
MIAMI

FIRST: The exact name, street address of its principal office, jurisdiction, and entity type for each **merging** party are as follows:

SECOND: The exact name, street address of its principal office, jurisdiction, and entity type of the **surviving** party are as follows:

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).

FIFTH: The entity agrees to pay any members with appraisal rights the amount to which such members are entitled under the provisions of s. 605.1006 and ss. 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.

SEVENTH: Signatures for Each Party:

Name of Entity

Signature(s)

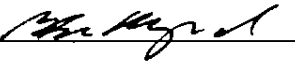
Typed or Printed Name of
Individual

Hopewell Home Health Agency, LLC

_____

Blake Hayward

Hopewell Home Health Care, LLC

_____

Blake Hayward