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## **COVER LETTER**

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TO: Amendment Section				4
Division of Corporations	•	_		
Nexshift Inc.		•		
SUBJECT:				
	Name of Survivi	ng Party		
The enclosed Certificate of Merger and fee(s) are	e submitted for filir	ıg.		
Please return all correspondence concerning this	matter to:			
Marshall S. Harris				
Contact Person	<del></del>			
MSH Law Firm, P.A.				
Firm/Company	<del></del>			
2443 Via Sienna				
Address				
Winter Park, Fl. 32789				
City, State and Zip Code				
mshlawfirm.pa@gmail.com				
E-mail address: (to be used for future and	nual report notificat	ion)		

For further information concerning this matter, please call:

Marshall S Harris

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

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Letter Number: 020A00017068

# FLORIDA DEPARTMENT OF STATE Division of Corporations

September 7, 2020

MARSHALL S HARRIS MSH LAW FIRM, P.A. 244 VIA SIENNA WINTER PARK, FL 32789

SUBJECT: L&F INNOVENTIONS LLC

Ref. Number: L10000107172

We have received your document for L&F INNOVENTIONS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a merger, pursuant to s.605.0212(8) and/or s.607.1622 (8), Florida Statutes, each party to the merger must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the articles of merger are submitted for filing.

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.

Diane Cushing Senior Section Administrator

www.sunbiz.org

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#### 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

L&F Innoventions, LLC	<u>Jurisdiction</u> Florida	Eum/Entity Type LLC L10 - 107173
Nexshift Inc.	Delaware	Corp.
	-	
SECOND: The exact name, form/entity	type, and jurisdiction of the surv	riving party are as follows
Name Nexshift Inc.	<u>Jurisdiction</u> Delaware	Form/Entity Type Corp.
<del></del>	-	······

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)

This entity exists before the are attached.	ne merger and	is a domestic filing	entity, the amendment.	if any to its public organic record
☐ This entity is created by if	ne merger and i	s a domestic filing	entity, the public organ	ic record is attached
This entity is created by the liability paranership, its sec	ie merger and i itement of qual	s a domestic limite ofication is attached	d hability limited partn i	ership or a domestic limited
This entity is a foreign ent mailing address to which to Florida Statutes is:  Corporation Servi	the department	may send any proc	of authority to transact ess served pursuant to s	husiness in this state. The 605 0117 and Chapter 48,
251 Little Falls Dr	ive			
New Castle, Dela	 ware 1980	 D8		
Note: If the date inserted in this blas the document's effective date or	the Departme	ncet the applicable int of State's record	statutory filing requirer	nents, this date will not be listed
SEVENTH: Signature(s) for Each Name of Entity/Organization	Trany	Signature(s)		Typed or Printed Name of Individual
_	r any	Signature(s)		Typed or Printed Name of Individual: Tyler Fyke
Name of Entity/Organization		Signature(s)		Name of Individual:
Name of Entity/Organization L&F Innoventions, LLC	Chairmai (If no dir Signature Signature Signature	n, Vice Chairman, I	nature of incorporator, it or authorized person thers it	Name of Individual Tyler Fyke  Tyler Fyke