## L10000117430

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer;				
J DENNIG				
R 11/24/23				

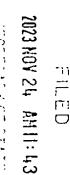
Office Use Only



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03/16/23--01020--004 \*\*\$0.60

11-24-23



## COVER LETTER

Division of Corporations	
SUBJECT: West F	Palm Dac
	Name of Surviving Party
The enclosed Certificate of Merger and fee(s) a	ere submitted for filing.
Please return all correspondence concerning this	
Margaret Hohman	лη
Margaret Hohman Contact Person West Palva Dog Firm/Company	
Firm/Company	Rd
City: State and Zip Cod	
E-mail address: (10 be used for future ar	full oil, Connadual report notification)
For further information concerning this matter,	
martichohuman	ar (561), 906-2230
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

CR2E080 (2/20)

## 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 Sututes.

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	
Jed. Dag Training	Palm Bea	dy County CORPOI	2ATION
West Palm Dog	Palvn Bene	4 County LLC	1
<i>S</i>	•	- (	
	-		· <del></del>
SECOND: The exact name, form entity type	e, and jurisdiction of the si	rviving party are as follows:	
<u>Name</u>	Jurisdiction	Form/Entity Type	
West Palm Dea	Palm Brody	Comby LCC	

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).

11 HA 12 AON 620

FOUL	CTH: Please check one of the l	boxes that apply	to surviving e	ntity: (if applicable)					
<del>'Q</del> '	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.								
	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. I mailing address to which the department may send any process served pursuant to s. 605.0117 and Chapter Florida Statutes is:								
FIFT!	H: This entity agrees to pay any .1006 and 605,1061-605,1072, 1	members with	appraisal rights	the amount, to which members are en	ntitled under				
SIXT) days a	H: If other than the date of filin there the date this document is file.	g, the delayed e ed by the Floric	effective date of la Department c	the merger, which cannot be prior to of State:	nor more than 90				
Note:	If the date inserted in this block document's effective date on the	x does not meet e Department o	the applicable : f State's record	statutory iffing requirements, this date	will not be listed				
SEVE	NTH: Signature(s) for Each Pa	arty:							
Name	of Entity/Organization:	Si	gnatury(s):		r Printed Individual:				
<u> J.,</u>	Li Dog Training	1	1/2/	Frenza Benjan	in Probs				
<u> W</u>	st Palm Doc		(augar)	Horgan.	et Holmony				
		<del></del>			<del></del>				
Corpor	rations:			President or Officer	<del></del>				
Florida Non-F	al partnerships: a Limited Partnerships: lorida Limited Partnerships: d Liability Companies:	Signature of Signatures o Signature of	ors selected, sign a general partner fall general partner a general partner an authorized p	er er					
Fees:	For each Limited Liability Con For each Limited Partnership: For each Other Business Entity		\$25.00 \$52.50 \$25.00	For each Corporation: For each General Partnership: Certified Copy (optional):	\$35.00 \$25.00 \$30.00				

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