(1/4)

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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000299948 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

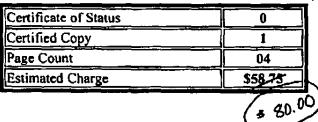
Fax Number

Phone : (850)222-1092 : (850)878-5368

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

Past 1	Address:
	ALLEL BES :

## MERGER OR SHARE EXCHANGE NATIONAL INSPECTION AND CONSULTANTS, LLC



Electronic Filing Menu Corporate Filing Menu

Help

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: NATIONAL INSPECTION	AND CONSULTANTS, LLC			
	Name of Surviving Party			
The enclosed Certificate of Merger and fee	(s) are submitted for filing.			
Please return all correspondence concerning	g this matter to:			
Frank C. Koranda				
Contact Person				
Dentons US LLP				
Firm/Company	<del></del>			
4520 Main St., Sulte 1100				
Address				
Kansas City, Missouri 64111				
City, State and Zip Code				
frank.koranda@dentons.com				
E-mail address: (to be used for future annua	report notification)			
For further information concerning this ma	•			
Frank Koranda	_at (816 )460-2475			
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 32301	Tallahassee, FL 32314			

FILE 30 PH 9:59

CR2E080 (2/14)

## 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:

Name	<u>Jurisdiction</u>	Form/Entity Type
NIC MERGERSUB, LLC	Florida	LLC - <u>U4000191752</u>
SECOND: The exact name, form/entity typ	oe, and jurisdiction of the <u>surviv</u>	ing party are as follows:
Name	Jurisdiction	Form/Entity Type
National Inspection and Consultaris, u.c.	Florida	LLC _L/1000/12285

<u>THTRD</u>: 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).

FOI	IRTH: Please check one of t	the boxes that	apply to surviv	ing entity: (if applie	able)				
Z	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. The mailing address to which the department may send any process served pursuant to s. 605.0117 and Chapter 48, Florida Statutes is:								
******									
under	<b>H:</b> This entity agrees to pay a ss.605.1006 and 605.1061-60	ny members : )5.1072, F.S.	with appraisal r	rights the amount, to	) which members as	e entitled			
STYT	E: If other than the date of fi	iling, the dele	ved effective d	ate of the marger w	hlek cannot be prio	r to nor			
more	than 90 days after the date thi	a document is	filed by the Fi	orida Department o	f State:	. 00 1101			
				<del></del>		<del></del>			
SEVE	ENTH: Signature(s) for Each	Party:							
Name	of Entity/Organization:	s	ignature(s):		Typed or Printed Name of Individu				
	MERGERSUB, LLC			/	Todd M. Hamilt				
Natio	nal Inspection and Consult	ants, LLC	M V	<i>f</i>	Todd M. Hamili	on			
			1 /						
					· · · · · · · · · · · · · · · · · · ·				
Согро	rations:	Chairman,	Vice Chairman	, President or Office	<del></del>	<del>-</del>			
Genen	al partnerships:			are of incorporator.) ner or authorized po	rson				
	a Limited Partnerships: lorida Limited Partnerships:		of all general part f a general part						
	d Liability Companies:		f an authorized						
Fees:			\$25.00	For each Corpor		\$35.00			
	For each Limited Partnership For each Other Business Ent		\$52.50 \$25.00	For each Genera Certified Copy		\$25.00 \$30.00			