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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	}
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SUNSHINE CORPORATE & FILING SERVICES, INC.

3458 LAKESHORE DRIVE TALLAHASSEE, FLORIDA 32312 (850) 656-4724 TOLL FREE: 844-541-6792

COVER LETTER

WALK IN
ENTITY NAME: Stateare Group, LLC Charyland LLC
CK #1706
AMOUNT:
PLEASE FILE THE ATTACHED AND RETURN:
Y PLAIN COPY
_ CERTIFIED COPY
PLEASE CONTACT TINA AT 850-508-1891 FOR FURTHER INFORMATION ON THIS MATTER.
THANK YOU!
TINA GOFF, PRESIDENT

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: StatCare Grou	ıp, LLC (Maryland LLC)
	Name of Surviving Party
The enclosed Certificate of Merger and fee(s)	are submitted for filing.
Please return all correspondence concerning to	this matter to:
Contact Person	
Firm/Company	
Address	
City, State and Zip Code	
E-mail address: (to be used for future annual r	eport notification)
•	
For further information concerning this matt	er, please call:
Kelley Taylor Hearne Name of Contact Person	at (202) 230-5127 Area Code Daytime Telephone Number
Certified copy (optional) \$30.00	Alea Code Dayunie Telephone Painoei
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

CR2E080 (2/14)

DIVISION OF COPPOSAL TONE

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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:

Name StatCareGroup, LLC	<u>Jurisdiction</u> L120000 3 Florida	3359 LLC
StatCare Group, LLC	Maryland	LLC
		ï
SECOND: The exact name, form/entity	y type, and jurisdiction of the <u>sui</u>	rviving party are as follows:
Name	<u>Jurisdiction</u>	Form/Entity Type
StatCare Group, LLC	Maryland	LLC

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).

Corporations: Chairman, Vice Chairman, President or Officer (If no directors selected, signature of incorporator.) General partnerships: Signature of a general partner or authorized person Florida Limited Partnerships: Non-Florida Limited Partnerships: Signature of a general partner Signature of a general partner Limited Liability Companies: Signature of an authorized person Fees: For each Limited Liability Company: \$25.00 For each Corporation: \$35.00				
This entity is created by the merger and is a domestic limited liability limited partnership or a delimited 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 state. The mailing address to which the department may send any process served pursuant to s 605.0117 and Chapter 48, Florida Statutes is: 1220A East Joppa Road, Ste. 109 Towson, MD 21286 TH: This entity agrees to pay any members with appraisal rights the amount, to which members are ss.605.1006 and 605.1061-605.1072, F.S. TH: If other than the date of filing, the delayed effective date of the merger, which cannot be prior than 90 days after the date this document is filed by the Florida Department of State: SEVENTH: Signature(s) for Each Party: Name of Entity/Organization: Signature(s): Typed or Printed Name of Individual: Scott T Burger (If no directors selected signature of incorporator.) Signature of a general partner or authorized person Signature of a general partner or authorized person Signature of an authorized person Eess: For each Limited Liability Company: \$25.00 For each Corporation: \$35.00	-	nerger and is a domestic filin	ng entity, the amendment, if ar	ny to its public
Imited 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 state. The mailing address to which the department may send any process served pursuant to s 605.0117 and Chapter 48, Florida Statutes is: 1220A East Joppa Road, Ste. 109 Towson, MD 21286 TH: This entity agrees to pay any members with appraisal rights the amount, to which members are as 605.1006 and 605.1061-605.1072, F.S. TH: If other than the date of filing, the delayed effective date of the merger, which cannot be prior than 90 days after the date this document is filed by the Florida Department of State: SEVENTH: Signature(s) for Each Party: Name of Entity/Organization: Signature(s): Name of Individual: StatCare Group, LLC (Maryland) StatCare Group, LLC (Florida) Corporations: Chairman, Vice Chairman, President or Officer (If no directors selected signature of incorporator.) Signature of a general partners signature of a general partners Non-Florida Limited Partnerships: Signature of a general partner or authorized person Florida Limited Partnerships: Signature of a general partner Signature of an authorized person Florida Limited Partnerships: Signature of an authorized person Florida Limited Partnerships: Signature of an authorized person Florida Limited Partnerships: Signature of an authorized person Florida Limited Florida Liability Company: \$25.00 For each Corporation: \$35.00	This entity is created by the r	nerger and is a domestic filir	ng entity, the public organic re	ecord is attache
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Chairman, Vice Chairman, President or Officer (If odirectors selected, signature of incorporation): Corporations: Chairman, Vice Chairman, President or Officer (If odirectors selected, signature of a general partner or authorized person Signature of a general partner Signature of an authorized person	To	owson, MD 21286		
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