# 1200067400

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TO: Amendment Sections Division of Corporations		٠,	
SUBJECT: NGOR 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:			
LEAH GONZALEZ			
Contact Person			
NGOR LLC			
Firm/Company			
11381 ORANGE GROVE BLVD			
Address			
WEST PALM BEACH, FL 33411			
City. State and Zip Code			

NICKTEAMEXPO@YAHOO.COM

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

For further information concerning this matter, please call:

LEAH GONZALEZ

Name of Contact Person

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 (2/14)

# 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
NGAPAROU LLC	FLORIDA	
NGOR LLC	FLORIDA	LLC
	_	
SECOND: The exact name, form/ent	ity type, and jurisdiction of the sur	rviving party are as follows:
Name	Jurisdiction	Form/Entity Type
NGOR LLC	FLORIDA	DOPT - 612 - 67400

<u>THIRD</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).

SECRETARY OF STATE
SECRETARY OF CORPORATIONS
OF CORPORATIONS

FOUR	TH: Please check one of the	boxes that apply	to surviving er	tity: (if applicable)				
<b>7</b>	This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.							
0	This entity is created by the merger and is a domestic filing entity, the public organic record is attached.							
0	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.							
<b>-</b>	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:							
<u>FIFT</u>	L: This entity agrees to pay any	members with	appraisal rights	the amount, to whic	h members are entit	led under		
	1006 and 605.1061-605.1072.		., .					
days at	I: If other than the date of filir fter the date this document is fill the date this document is fill the date inserted in this bloc	led by the Florid	da Department c	f State:		<del></del>		
	document's effective date on th							
SEVE	NTH: Signature(s) for Each Page	artv:						
	of Entity/Organization:	•	ignatur <b>e</b> (s):	$\sim$	Typed or Printed Name of Individual			
	AROU LLC	5			LEAH GONZAL			
NGOR	LLC			100	LEAH GONZAL			
			- July					
					_			
Corpoi	rations:		- · · · · · · · · · · · · · · · · · · ·	President or Officer	or.)			
	al partnerships:			er or authorized pers	on			
Florida Limited Partnerships: Signatures of all general partners Non-Florida Limited Partnerships: Signature of a general partner								
	d Liability Companies:		an authorized p					
Fees:	For each Limited Liability Co	ompany:	\$25.00	For each Corpo	ration:	\$35.00		
	For each Limited Partnership		\$52.50	For each Gener	al Partnership:	\$25.00		
	For each Other Business Enti	ty:	\$25.00	Certified Copy	<u>' (optional)</u> :	\$30.00		

# 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000067400

**Entity Name: NGOR LLC** 

**FILED** Apr 05, 2019 Secretary of State 4728464206CC

#### **Current Principal Place of Business:**

11381 ORANGE GROVE BLVD WEST PALM BEACH, FL 33411

### **Current Mailing Address:**

11381 ORANGE GROVE BLVD WEST PALM BEACH, FL 33411 US

FEI Number: 45-5308517

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, LEAH 11381 ORANGE GROVE BLVD WEST PALM BEACH, FL 33411 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonda

SIGNATURE: LEAH GONZALEZ

04/05/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title

**MGRM** 

Title

MGRM

Name

RIOUT, PASCAL

Name

DELATTRE, EVELYNE

Address

3 RUE DES PINS

Address

19 RUE BRICKA

City-State-Zip: PEROLS FR 34470

City-State-Zip: ANTIBES FR 06160

Title

MGR

Name

GONZALEZ, LEAH

Address

11381 ORANGE GROVE BLVD

City-State-Zip: WEST PALM BEACH FL 33411

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.

#### 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000067352

Entity Name: NGAPAROU LLC

**FILED** Apr 24, 2019 Secretary of State 9863167415CC

#### **Current Principal Place of Business:**

11381 ORANGE GROVE BLVD WEST PALM BEACH, FL 33411

#### **Current Mailing Address:**

11381 ORANGE GROVE BLVD WEST PALM BEACH, FL 33411 US

FEI Number: 45-5308450

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, LEAH 11381 ORANGE GROVE BLVD WEST PALM BEACH, FL 33411 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonda.

SIGNATURE: LEAH GONZALEZ

04/24/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title

MGRM

Title

MGRM

Name

RIOUT, PASCAL

Name

DELATTRE, EVELYNE

Address

3 RUE DES PINS

Address

19 RUE BRICKA

City-State-Zip: PEROLS FR 34470

City-State-Zip: ANTIBES FR 06160

Title

MGR

Name Address GONZALEZ, LEAH

11381 ORANGE GROVE BLVD City-State-Zip: WEST PALM BEACH FL 33411

I hereby corbly that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605. Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LEAH GONZALEZ

MGR

04/24/2019