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Name:	INLINE FILI	ING SYSTEMS, LLC					
Document #:							
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Thank you!

. COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Inline Filling Syst	rems, LLC
SUBJECT:	Name of Surviving Party
The enclosed Certificate of Merger and fee(s) a	are submitted for filing.
Please return all correspondence concerning th	is matter to:
Michael Ball	
Contact Person	
The Middleby Corporation	
Firn/Company	
1400 Toastmaster Drive	
Address	
Elgin, IL 60120	
City, State and Zip Cod	de .
mball@middleby.com	
U-mall address: (to be used for future an	inual report notification)
For further information concerning this matter,	please call:
Michael Ball	, 429-7796 , 429-7796
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 Clifton Bullding	Division of Corporations P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahasses, PL, 32301	

CR2E080 (2/20)

FILED

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Articles of Merger Florida Limited Liability Company

TALLAHASSEE, FLORIDA

LLC

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 605.1025, Florida Statutes.

Name Jurisdiction Form/Entity Type Florida Inline Filling Systems, LLC .LC Washington Corporation Hinds-Bock Corporation SECOND: The exact name, form/entity type, and jurisdiction of the surviving party are as follows: Name Jurisdiction Form/Entity Type Florida

FIRST: The exact name, form/entity type, and jurisdiction for each merging party are as follows:

Inline Filling Systems, 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).

<u>FOUR</u>	TH: Please check one of the b	oxes that ap	ply to surviving e	ntity: (if applicable)							
Ø	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 me	erger and is	a domestic filing	entity, the public organic	record is attach	ned.					
	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:										
ss.605.	1: This entity agrees to pay any 1 1006 and 605.1061-605.1072, F 1: If other than the date of filing ter the date this document is file	.S. , the delaye	d effective date of	the merger, which cann							
Jani	uary 26, 2024										
as the d	If the date inserted in this block locument's effective date on the	Departmen			ents, this date w	vill not be	listed				
-	NTH: Signature(s) for Each Par	ty:			Typed or Printed						
Name of Entity/Organization:			Signature(s):	Name of Individual: Michael D. Thompson							
Inlin	e Filling Systems,	LLC	Machen 1	Wyon	Michael D.	i nomps	SOFI				
<u>Hin</u>	ds-Bock Corpora	ation	Michael	Lyon	Michael D.	Thomps	son				
<u> </u>			·		TACC	2024					
Corpora	ations:			President or Officer nature of incorporator.)	AHASS	JAN 2					
General partnerships: Signature			of a general partn	m'⊂ M		₹ <u>{</u>					
Non-Flo	Limited Partnerships: orida Limited Partnerships: Liability Companies:	Signature	s of ail general par of a general partno of an authorized p	er .	JFLORIDA	AHII: OF					
Fees:	For each Limited Liability Com For each Limited Partnership: For each Other Business Entity		\$25.00 \$52.50 \$25,00	For each Corporation For each General Pa Certified Copy (on	artnership:	\$35 \$25 \$30	.00				