

L12000124810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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700252734947

*merged*

11/01/13--01014--008 \*\*25.00

12/10/13--01005--010 \*\*50.00

FILED  
2013 DEC 10 PM 1:34  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

\*00678, 00671

*DR*  
12/10/13

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** OnPoint Healthcare Consulting, 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:

David Chapman

Contact Person

OnPoint Healthcare Consulting, LLC

Firm/Company

30 East Pine Street

Address

Georgetown, DE 19947

City, State and Zip Code

craig@tunnellraysor.com

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

For further information concerning this matter, please call:

Craig Aleman

at

(302) 856-7313

Name of Contact Person

Area Code and 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

GRIFFIN & ASSOCIATES, P.A.  
ATTORNEYS AT LAW

EILEEN H. GRIFFIN  
MARK C. MANN  
JEFFREY SIRMONS

1430 OAKFIELD DRIVE  
BRANDON, FLORIDA 33511

Telephone  
(813)681-2612

Facsimile  
(813)684-6660

Please reply to:  
P. O. Drawer 3510  
Brandon, FL 33509-3510

October 29, 2013

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

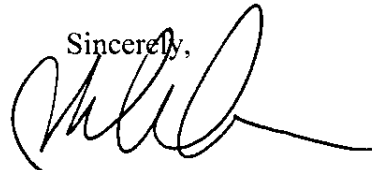
Re: OnPoint Healthcare Consulting, LLC – Certificate of Merger

Dear Sir or Madam:

Enclosed please find a Certificate of Merger for Florida Limited Liability Company for OnPoint Healthcare Consulting, LLC, along with this law firm's check in the amount of \$25.00 for the Division of Corporations' fee associated with this matter.

Thank you for your assistance in the handling and filing of the Certificate of Merger for OnPoint Healthcare Consulting, LLC. Please forward to us a copy of the receipt for the filing of this document with the Florida Department of State, Division of Corporations. Best regards.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark C. Mann', with a stylized flourish extending from the end.

Mark C. Mann, Esquire

MCM/khw  
Enclosures



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 6, 2013

David Chapman  
OnPoint Healthcare Consulting, LLC  
30 East Pine Street  
Georgetown, DE 19947

SUBJECT: ONPOINT HEALTHCARE CONSULTING, L.L.C.  
Ref. Number: L12000124810

We have received your document for ONPOINT HEALTHCARE CONSULTING, L.L.C. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 213A00025877

RECEIVED

13 DEC -6 PM 12:39

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

FILED

**Certificate of Merger  
For  
Florida Limited Liability Company**

2013 DEC 10 PM 1:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The following Certificate of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 608.4382, Florida Statutes.

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

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
OnPoint Healthcare Consulting, LLC,	Florida	LLC
OnPoint Healthcare Consulting, LLC	Delaware	LLC

**SECOND:** The exact name, form/entity type, and jurisdiction of the surviving party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
OnPoint Healthcare Consulting, LLC	Delaware	LLC

**THIRD:** The attached plan of merger was approved by each domestic corporation, limited liability company, partnership and/or limited partnership that is a party to the merger in accordance with the applicable provisions of Chapters 607, 608, 617, and/or 620, Florida Statutes.

**FOURTH:** The attached plan of merger was approved by each other business entity that is a party to the merger in accordance with the applicable laws of the state, country or jurisdiction under which such other business entity is formed, organized or incorporated.

**FIFTH:** If other than the date of filing, the effective date of the merger, which cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State:

**Effective Date of Filing**

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**SIXTH:** If the surviving party is not formed, organized or incorporated under the laws of Florida, the survivor's principal office address in its home state, country or jurisdiction is as follows:

**30 East Pine Street**

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**Georgetown, DE 19947**

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**SEVENTH:** If the survivor is not formed, organized or incorporated under the laws of Florida, the survivor agrees to pay to any members with appraisal rights the amount, to which such members are entitled under ss.608.4351-608.43595, F.S.

**EIGHTH:** If the surviving party is an out-of-state entity not qualified to transact business in this state, the surviving entity:

a.) Lists the following street and mailing address of an office, which the Florida Department of State may use for the purposes of s. 48.181, F.S., are as follows:

Street address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

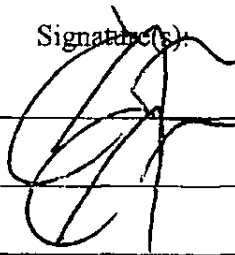
b.) Appoints the Florida Secretary of State as its agent for service of process in a proceeding to enforce obligations of each limited liability company that merged into such entity, including any appraisal rights of its members under ss.608.4351-608.43595, Florida Statutes.

**NINTH:** Signature(s) for Each Party:

Name of Entity/Organization:

OnPoint Healthcare Consulting, LLC

Signature(s):



Typed or Printed

Name of Individual:

Craig Aleman

OnPoint Healthcare Consulting, LLC

Craig Aleman

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:

Signatures of all general partners

Non-Florida Limited Partnerships:

Signature of a general partner

Limited Liability Companies:

Signature of a member or authorized representative

**Fees:** For each Limited Liability Company: \$25.00

For each Corporation: \$35.00

For each Limited Partnership: \$52.50

For each General Partnership: \$25.00

For each Other Business Entity: \$25.00

**Certified Copy (optional):** \$30.00

## PLAN OF MERGER

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

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
OnPoint Healthcare Consulting, LLC	FL	LLC
OnPoint Healthcare Consulting, LLC	DE	LLC

**SECOND:** The exact name, form/entity type, and jurisdiction of the surviving party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
OnPoint Healthcare Consulting, LLC	DE	LLC

**THIRD:** The terms and conditions of the merger are as follows:

The Florida LLC shall be merged into the Delaware LLC. The Delaware LLC shall survive and continue to perform any and all contracts and obligations of the Florida LLC as its successor.

*(Attach additional sheet if necessary)*



**FOURTH:**

A. The manner and basis of converting the interests, shares, obligations or other securities of each merged party into the interests, shares, obligations or others securities of the survivor, in whole or in part, into cash or other property is as follows:

The ownership interests in the Florida LLC shall be  
converted into equal percentage interests in the  
Delaware LLC.

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*(Attach additional sheet if necessary)*

B. The manner and basis of converting rights to acquire the interests, shares, obligations or other securities of each merged party into rights to acquire the interests, shares, obligations or others securities of the survivor, in whole or in part, into cash or other property is as follows:

N/A

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*(Attach additional sheet if necessary)*

**FIFTH:** Any statements that are required by the laws under which each other business entity is formed, organized, or incorporated are as follows:

N/A

*(Attach additional sheet if necessary)*

**SIXTH:** Other provisions, if any, relating to the merger are as follows:

N/A

*(Attach additional sheet if necessary)*