(Requestor's Name)					
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PICK-UP WAIT MAIL					
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Certified Copies Certificates of Status					
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C. GOLDEN JUL - 3 2019

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 829302 4803819

AUTHORIZATION Spells de la

COST LIMIT : \$ 50.00

ORDER DATE : July 2, 2019

ORDER TIME : 2:28 PM

ORDER NO. : 829302-010

CUSTOMER NO: 4803819

\_\_\_\_\_

## ARTICLES OF MERGER

JNB GROUP LLC

INTO

JNB GROUP LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS:

## COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: JNB Group LLC						
Name of Surviving Party						
The enclosed Certificate of Merger and fee(s) a	are submitted for filing.					
Please return all correspondence concerning thi	is matter to:					
Bob Kennedy						
Contact Person						
Milbank LLP						
Firm/Company						
55 Hudson Yards						
Address						
New York, NY 10001						
City, State and Zip Cod	le					
RKennedy@milbank.com						
E-mail address: (to be used for future ar	nnual report notification)					
For further information concerning this matter,	please call:					
Bob Kennedy	at (212 )530-5087					
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 Building	Division of Corporations P. O. Box 6327					
2661 Executive Center Circle	Tallahassee, FL 32314					

CR2E080 (2/14)

Tallahassee, FL 32301

## Articles of Merger For Florida Limited Liability Company



نۍ د ا

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

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

Name

Jurisdiction

Form/Entity Type

Limited Liability Company

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

 Name
 Jurisdiction
 Form/Entity Type

 JNB Group LLC
 New York
 Limited Liability Company

**THIRD:** The merger was approved by each domestic merging entity that is a limited liability company in accordance ss.605.1021-605.1026; by each other merging entity in accordance with the laws of its jurisdiction; and by each mer such limited liability company who as a result of the merger will have interest holder liability under s.605.1023(1)(b)

	This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public orga 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>Ø</b>	, ,	tity is a foreign entity that does not have a certificate of authority to transact business in this state. The address to which the department may send any process served pursuant to s. 605.0117 and Chapter Statutes is:						
	CT Corporation System							
	28 Liberty Street							
	New York. NY 10005							
Note: as the	If the date this document is file  If the date inserted in this block document's effective date on the  NTH: Signature(s) for Each Particle of Entity/Organization:	does not me Departmen	eet the applicable st	atutory filing re	equirements, this date will to Typed or Printed Name of Individual:	— not ł		
JNB C	iroup LLC		\ \mathready		Scott G. Bruce			
JNB G	Group LLC			₩/	Scott G. Bruce			
Corporations:  General partnerships: Florida Limited Partnerships: Non-Florida Limited Partnerships: Limited Liability Companies:		Chairman, Vice Chairman, President or Officer (If no directors selected, signature of incorporator.) Signature of a general partner or authorized person Signatures of all general partners Signature of a general partner Signature of an authorized person						
Fees: For each Limited Liability Comp For each Limited Partnership: For each Other Business Entity:		-	\$25.00 \$52.50 \$25.00		orporation: eneral Partnership: Copy (optional):	S. S2 S3		

**FOURTH:** Please check one of the boxes that apply to surviving entity: (if applicable)