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Thank you!

COVER LETTER

Division of Corporations				
SUBJECT: Coastal Cloud LLC				
SOBJECT.	Name of	Surviving Pa	rty	
The enclosed Certificate of Merger and fee(s) are submitted	for filing.		
Please return all correspondence concerning	this matter to:			
Jacob Stewart				
Contact Person				
Morris, Manning & Martin,	LLP			
Firm/Company				
3343 Peachtree Rd, NE, S	uite 1600)		
Address				
Atlanta, GA 30326				
City. State and Zip C	`ode			
marcia.smith@coastalcloud	d.us			
E-mail address: (to be used for future	annual report	notification)	_	
For further information concerning this matter				
Jacob Stewart	at (404	₎ 504	-7697	<u></u>
Name of Contact Person		Area Code	Daytime Te	elephone Number
☐ Certified copy (optional) \$30.00				
STREET ADDRESS:		AILING AD		
Amendment Section		nendment Se		
Division of Corporations Clifton Building		vision of Cor O. Box 6327		
2661 Executive Center Circle		illahassee, Fl		
Tallahassee, FL 32301				

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:

<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
Coastal Cloud LLC	Florida	limited liability company
Graphene LLC	Florida	limited liability company
River Cloud LLC	Kentucky	limited liability company
SECOND: The exact name, form/entity ty	ype, and jurisdiction of the <u>sur</u>	rviving party are as follows:
Name	Jurisdiction	Form/Entity Type
Coastal Cloud LLC	Florida	limited liability company

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. (b).

<u>FOUR</u>	CIH: Please check one of the	boxes that ap	pply to surviving ei	miy: (ii applicable)		
	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 n	nerger and is	a domestic filing of	entity, the public organic record is at	tached.	
	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.					
				of authority to transact business in these served pursuant to s. 605.0117 ar		
ss.605 SIXT) days a	.1006 and 605.1061-605.1072, H: If other than the date of filir fter the date this document is fi	F.S. ng, the delay led by the Fl	ed effective date of orida Department o		o nor more than 90	
as the	document's effective date on th	ie Departmei		statutory filing requirements, this da s.	te will not be listed	
	NTH: Signature(s) for Each P	arty:		Typed or Pri		
Name	of Entity/Organization:		Signature(s):	Name of Indiv	idual:	
Coasta	d Cloud LLC		Sara Hale	Sara Hale		
Graph	ene LLC		Sara Hale	Sara Hale		
River	Cloud LLC		Sara Hale	Sara Hale		
Corpo	rations:			President or Officer nature of incorporator.)		
	al partnerships:	Signature of a general partner or authorized person				
	a Limited Partnerships:		Signatures of all general partners			
	lorida Limited Partnerships:					
Limite	ed Liability Companies:	Signature	e of an authorized p	person		
Fees:	For each Limited Liability Co	ompany:	\$25.00	For each Corporation:	\$35.00	
	For each Limited Partnership		\$52.50	For each General Partnership:	\$25.00	
	For each Other Business Enti		\$25.00	Certified Copy (optional):	\$30.00	