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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	





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05/31/19--01021--018 **25.00



Mahaya CC

JUL 2 9 2019 I ALBRITTON

COVER LETTER

10:	Amendment Section Division of Corporations	
SUBJ	ECT: FLASH MED SUPPLY LLC	
.,,,	<u></u>	Name of Surviving Party
The er	nclosed Certificate of Merger and fee(s) are	e submitted for filing.
Please	return all correspondence concerning this	matter to:
IVAN	A GUERRERO	
	Contact Person	 _
IVAN	A GUERRERO ESQ	
	Firm/Company	
28 W	FLAGLER STREET STE 555	
	Address	
MIAN	41, FL 33130	
	City, State and Zip Code	2
	E-mail address: (to be used for future and	nual report notification)
For fu	irther information concerning this matter, p	please call:
IVAN	A GUERRERO	at () 626-9546
	Name of Contact Person	Area Code Daytime Telephone Number
Ø	Certified copy (optional) \$30.00	
Amer Divis Clifto 2661	EET ADDRESS: Indiment Section ion of Corporations In Building Executive Center Circle hassee, FL 32301	MAILING ADDRESS: Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

CR2E080 (2/14)



June 18, 2019

IVAN A. GUERRERO 28 W. FLAGLER STREET STE. 555 MIAMI, FL 33130

SUBJECT: FLASH MED SUPPLY, LLC

Ref. Number: L13000007979

We have received your document for FLASH MED SUPPLY, LLC and your check(s) totaling \$80.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have listed the incorrect name on the merger for the surviving entity as our records show FLASH MED SUPPLY LLC not INC and you failed to signthe form.

The document must have original signatures.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 119A00012138

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>	Jurisdiction	Form/Entity Lype
FLASH MED SUPPLY LLC	FLORIDA	LLC
ABA AIR GROUP LLC	FLORIDA	LLC
		 -
SECOND: The exact name, form/entity type, a	and jurisdiction of the <u>surviving</u> par	ty are as follows:
Name	<u>Jurisdiction</u>	Form/Entity Type
FLASH MED SUPPLY LLC	FLORIDA	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).

FOUR	TH: Please check one of the b	oxes that apply	to surviving en	tity: (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.						
0	This entity is created by the merger and is a domestic filing entity, the public organic record is attached.						
	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.						
a	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:						
	1: This entity agrees to pay any 1006 and 605.1061-605.1072, I		appraisal rights	the amount, to which members are en	ititled under		
days at	fter the date this document is file 29, 2019	ed by the Flori	da Department o				
as the	document's effective date on the	e Department c		statutory filing requirements, this date i.	will not be listed		
<u>SEVE</u>	NTH: Signature(s) for Each Pa	arty:		Typed or Prin			
	of Entity/Organization:	S	ignature(s):	Name of Individ			
ABA /	AIR GROUP LLC		Hadle	SILVIA QUIF	——————————————————————————————————————		
FLASI	I MED SUPPLY LLC	£	Suchab	SILVIA QUIE	ROGA		
	<u> </u>						
Согро	rations:			President or Officer nature of incorporator.)			
	ral partnerships: Signature of a general partner or authorized person						
	ida Limited Partnerships: Signatures of all general partners -Florida Limited Partnerships: Signature of a general partner						
	d Liability Companies:		f an authorized p				
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 Entit	l <u>v</u> :	\$25.00	Certified Copy (optional):	\$30.00		