13000049879

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
11
5/3/20
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
<del></del>





400443243704

01/27/25 - 91018 - 806 + 100.66

03/25/25--01015--001 1125 00

SECRE PARS STATE
TALLAHASSEE, EI



1180 Avenue of Americas, 8th Fl New York, NY 10036 (212) 390-0325 into@bzlawgroup.com www.bzlawgroup.com Fax: (646) 358-4906 2640 East 14 Street Brooklyn, NY 11235 (718) 513-3588

January 9, 2025

## VIA FAX AND FIRST CLASS MAIL

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Filing Articles of Merger

To Whom it May Concern:

Enclosed please find Articles of Merger for filing along with a check in the amount of \$100 payable to the Florida Department of State.

Thank you.

Sincerely,

Ella Zalkind

## COVER LETTER

TO: Amendment Section Division of Corporations			
TOT PAYMENTS LLC			
SUBJECT:	ving Party		
The enclosed Certificate of Merger and fee(s) are	submitted for fil	ing.	
Please return all correspondence concerning this r	natter to:		
Ella Zalkind			
Contact Person			
BERESS & ZALKIND PLLC			
Firm/Company			
2640 East 14th St, Suite C1			
Address			
Brooklyn, NY 11235			
City, State and Zip Code			
ezalkind@bzlawgroup.com			
E-mail address: (to be used for future annu	al report notific	ation)	
For further information concerning this matter, pl	ease call:		
Ella Zalkind		513-3588	
Name of Contact Person	Area Code	Daytime Telephone Number	
☐ Certified copy (optional) \$30.00			
STREET ADDRESS:	MAILING ADDRESS:		
Amendment Section		nent Section	
Division of Corporations Clifton Building	Division P. O. Bo	of Corporations	
2661 Executive Center Circle		see, FL 32314	
Tallahassee FL 32301		-	

CR2E080 (2/20)

## Articles of Merger For Florida Limited Liability Company

FILED

2025 JAN 27 PM 5: 06

SECRE LATE 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
NETEVIA TECHNOLOGIES, LLC	Florida	Limited Liability Company
TOT HPS, LLC	Florida	Limited Liability Company
TOT FBS, LLC	Florida	Limited Liability Company
TOT NEW EDGE, LLC	Florida	Limited Liability Company
	·	
SECOND: The exact name, form/entity	type, and jurisdiction of the sur	viving party are as follows: Form/Entity Type

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'	<u>TH:</u> Please check one of the bo	oxes that ap	oply to surviving en	ity: (if applicable)		
V	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 mo	erger and is	a domestic filing e	ntity, the public organic record	l 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.					
	This entity is a foreign entity the mailing address to which the de Florida Statutes is:					
	: This entity agrees to pay any a 1006 and 605.1061-605.1072, F		rith appraisal rights	he amount, to which member	s are entitled under	
	1: If other than the date of filing ter the date this document is file				prior to nor more than 90	
	If the date inserted in this block locument's effective date on the				nis date will not be listed	
<u>SEVE</u>	NTH: Signature(s) for Each Par	ty:				
	of Entity/Organization: EVIA TECHNOLOGIES, LL	С	Signature(s):		Typed or Printed  Vame of Individual:  1 a d S c do st	
TOT	HPS, LLC		HAA	Soloway V	Tol Schovsleis	
ТОТ	FBS, LLC		1/1/	Corporations V	Tod Solowery	
тот	NEW EDGE, LLC		Hod	Satorte. 1	Tol So douste	
Corpor	ations:		n, Vice Chairman, I	resident or Officer		
Genera	l partnerships:			er or authorized person		
	Limited Partnerships:	_	es of all general par	_		
	orida Limited Partnerships:		e of a general partne			
	d Liability Companies:		e of an authorized p			
Fees:	For each Limited Liability Cor	npany:	\$25.00	For each Corporation:	\$35.00	
	For each Limited Partnership:	, J	\$52.50	For each General Partner		
	For each Other Business Entity	<b>/</b> :	\$25.00	Certified Copy (optional	•	

<u>FOU</u>	RTH: Please check one of the	boxes that ap	oply to surviving e	ntity: (if applicable)			
v	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 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.						
	This entity is a foreign entity mailing address to which the Florida Statutes is:	that does not department n	have a certificate	of authority to transact business in this ess served pursuant to s. 605.0117 and (	state. The Chapter 48,		
				,			
FIFT ss.605	H: This entity agrees to pay and 1006 and 605.1061-605.1072,	y members wi F.S.	th appraisal rights	the amount, to which members are enti	tled under		
<u>SIXT</u> days a	H: If other than the date of filing the date this document is file.	ng, the delaye iled by the Flo	d effective date of orida Department o	the merger, which cannot be prior to no fixed state:	or more than 90		
Note: as the	If the date inserted in this bloc document's effective date on the	k does not me ne Departmen	eet the applicable stof State's records	statutory filing requirements, this date w	vill not be listed		
<u>SEVE</u>	NTH: Signature(s) for Each P	arty:					
	of Entity/Organization:		Signature(s):	Typed or I Name of I			
TO	T PAYMENTS,	LLC_	Ad.	John Vadinis	Saclaskiy		
~					<del></del>		
Corpoi	orporations: Chairman, Vice Chairman, President or Officer (If no directors selected, signature of incorporator.)						
	al partnerships:	Signature	of a general partne	er or authorized person			
	a Limited Partnerships: Signatures of all general partners lorida Limited Partnerships: Signature of a general partner						
	d Liability Companies:		of an authorized p				
Fees:	For each Limited Liability Co	mpany:	\$25.00	For each Corporation:	\$35.00		
	For each Limited Partnership.	 •	\$52.50	For each General Partnership:	\$25.00		
	For each Other Business Entire	ty:	\$25.00	Certified Copy (optional):	\$30.00		