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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## MERGER OR SHARE EXCHANGE

One HomeCare Solutions, LLC

Certificate of Status	0
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Page Count	01
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A. RAMSEY

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## Articles of Merger For Florida Limited Liability Company

FILED

2024 SEP 30 PM 1: 08

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
One Infusion Pharmacy Texas, LLC	Defaware	Limited Liability Company
		<del>-</del> -
SECOND: The exact name, form/entity type, a	and jurisdiction of the surviving par	ty are as follows:
<u>Name</u>	Jurisdiction	Form/Entity Type
One HomeCare Solutions, 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(1)(b).

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

This er are atta	ntity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic recornched.
This er	ntity is created by the merger and is a domestic filing entity, the public organic record is attached.
	ntity is created by the merger and is a domestic limited liability limited partnership or a domestic limited y partnership, its statement of qualification is attached.
mailin	nity is a foreign entity that does not have a certificate of authority to transact business in this state. The g address to which the department may send any process served pursuant to s. 605.0117 and Chapter 48, i Statutes is:

<u>FIFTH:</u> This entity agrees to pay any members with appraisal rights the amount, to which members are entitled under ss.605.1006 and 605.1061-605.1072, F.S.

<u>SIXTH:</u> If other than the date of filing, the delayed 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:

09/30/2024

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:
One Infusion Pharmacy Texas, LLC	C-77/49	Joseph Matthew Ruschell
One HomeCare Solutions, LLC	modell	Joseph Matthew Ruschell

Corporations: Chairman, Vice Chairman, President or Officer

(If no directors selected, signature of incorporator.)
Signature of a general partner or authorized person

Florida Limited Partnerships: Signatures of all general partnerships: Signature of a general partner

Non-Florida Limited Partnerships: Signature of a general partner Limited Liability Companies: Signature of an authorized person

Fees:For each Limited Liability Company:\$25.00For each Corporation:\$35.00For each Limited Partnership:\$52.50For each General Partnership:\$25.00For each Other Business Entity:\$25.00Certified Copy (optional):\$30.00

General partnerships: