## 13000095027

(Requ	uestor's Name)			
(Addi	ess)			
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(City/	State/Zip/Phon	e #)		
PICK-UP	TIAW	MAIL		
(Busi	ness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				





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## COVER LETTER

TO:	Amendment Section Division of Corporations						
CHDI	ECT: VitaminMed, LLC						
SOBI	JBJECT:Name of Surviving Party						
77	. 1 - 10 25 . 614		_	,			
The er	nclosed Certificate of Merger and fe	e(s) are submi	ited for filing.				
Please	e return all correspondence concerni	ng this matter	to:				
Kathi l	Finley						
	Contact Perso	n					
Vitami	inMed, LLC						
	Firm/Compan	ıy					
300 S.	Duncan Ave, Ste 263						
	Address						
Clearw	vater, FL 33755						
	City, State and Zip	Code	<del>-</del>				
manag	er@vitaminmed.com						
	E-mail address: (to be used for futi	ure annual rep	ort notification)	_			
For fu	rther information concerning this ma	atter, please ca	ıll:				
Kathi I	Finley	800 at (	949-78	75			
	Name of Contact Person	a. (		Daytime Telephone Number			
0	Certified copy (optional) \$30.00						
STREET ADDRESS:			MAILING ADDRESS:				
Amendment Section			Amendment Section				
Division of Corporations			Division of Corporations				
Clifton Building 2661 Executive Center Circle			P. O. Box 6327				
			Tallahassee, FL	. 32314			
Fallah	assee, FL 32301						

CR2E080 (2/14)



March 13, 2018

KATHI FINLEY VITAMINMED, LLC 300 S. DUNCAN AVE - STE. 263 CLEARWATER, FL 33755

SUBJECT: VITAMINMED, LLC Ref. Number: L13000095027

We have received your document for VITAMINMED, 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):

As a condition of a merger, pursuant to s.605.0212(8), Florida Statutes, each party to the merger must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the articles of merger are submitted for filing.

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: 118A00005057



## 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	
New Health Products, LLC	Florida	LLC	
SECOND: The exact name, form/entity type, a	and jurisdiction of the surviving part	y are as follows:	
<u>Name</u>	Jurisdiction	Form/Entity Type	
VitaminMed, 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).

2010 THE 22 PM 3: 53

FOUR	RTH: Please check one of the	boxes that apply	to surviving er	ntity: (if applicable)				
<b>2</b> ·	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 r	nerger and is a do	mestic filing e	entity, the public organic record is attac	ched.			
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.							
	of authority to transact business in this ess served pursuant to s. 605.0117 and	state. The Chapter 48,						
					<del></del>			
	1: This entity agrees to pay any 1006 and 605.1061-605.1072.		ppraisal rights	the amount, to which members are ent	itled under			
				the merger, which cannot be prior to r	nor more than 90			
	fter the date this document is five 1, 2018	led by the Florida	Department o	of State:				
as the	If the date inserted in this bloc document's effective date on the NTH: Signature(s) for Each P	e Department of		statutory filing requirements, this date s	will not be listed			
	of Entity/Organization:	•	naturc(s):	Typed or Printo Name of Individu				
	nMed, LLC	Sig	mature(s).	James B Miller.				
New H	ealth Products, LLC		26,	James B Miller.				
	<del></del>		<u> </u>		<del></del>			
•	rations:	(If no director	s selected, sig	President or Officer nature of incorporator.)				
	General partnerships: Signature of a general partner or authorized person							
	ida Limited Partnerships: Signatures of all general partners i-Florida Limited Partnerships: Signature of a general partner							
	lorida Limited Partnerships: d Liability Companies:	Signature of a Signature of a	~					
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	ty:	\$25.00	Certified Copy (optional):	\$30.00			