

# L14000040484 Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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((H22000109788 3)))



H220001097883ABC4

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To:  
Division of Corporations  
Fax Number : (850)617-6380

From:  
Account Name : SODL & INGRAM PLLC  
Account Number : I20190000071  
Phone : (904)257-5777  
Fax Number : (904)347-2738

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

Email Address: \_\_\_\_\_

2022 MAR 25 AM 9:07

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RECEIVED

2022 MAR 25 AM 7:23

SECRETARY OF STATE  
TALLAHASSEE, FL

## MERGER OR SHARE EXCHANGE RFW GLOBAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$50.00

C. BRUMBLEY

MAR 26 2022

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** **RFW GLOBAL LLC**

Name of Surviving Party

The enclosed Certificate of Merger and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

**Andrew Sodl**

Contact Person

**Sodl & Ingram PLLC**

Firm/Company

**233 E BAY STREET, SUITE 1113**

Address

**Jacksonville, FL 32202**

City, State and Zip Code

**andrew.sodl@si-law.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**William Gibbs**

at ( **904** ) **878-1508**

Name of Contact Person

Area Code

Daytime Telephone Number

☐ Certified copy (optional) \$30.00

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

CR2E080 (2/20)

**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>	<u>Form/Entity Type</u>
MFCP, LLC	Florida	LLC
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECOND:** The exact name, form/entity type, and jurisdiction of the surviving party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
RFW GLOBAL 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).

FILED  
2022 MAR 25 AM 9:07  
CLERK OF CIRCUIT COURT  
IN AND FOR THE STATE  
OF FLORIDA  
JENNIFER L. SMITH

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

- ☒ This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached. SEE ARTICLES OF AMENDMENT ATTACHED HERETO AS EXHIBIT "A".
- ☐ 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 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:

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**FIFTH:** 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.

**SIXTH:** 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:


**Note:** 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:

**MFCP, LLC**

Signature(s):

  
Chris Moulton (Mar 22, 2022 11:50 AM EDT)

Typed or Printed  
Name of Individual:

**Chris Moulton,**

**Authorized Person**

**RFW GLOBAL LLC**

**Paul A. Black,**

**Authorized Person**

Corporations:

Chairman, Vice Chairman, President or Officer  
(If no directors selected, signature of incorporator.)

General partnerships:

Signature of a general partner or authorized person

Florida Limited Partnerships:

Signatures of all general partners

Non-Florida Limited Partnerships:

Signature of a general partner

Limited Liability Companies:

Signature of an authorized person

**Fees:** For each Limited Liability Company:

\$25.00

For each Corporation:

\$35.00

For each Limited Partnership:

\$52.50

For each General Partnership:

\$25.00

For each Other Business Entity:

\$25.00

**Certified Copy (optional):**

\$30.00

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

- ☒ This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached. SEE ARTICLES OF AMENDMENT ATTACHED HERETO AS EXHIBIT "A".
- ☐ 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 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:

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---

**FIFTH:** 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.

**SIXTH:** 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:

**Note:** 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:
MFCP, LLC		Chris Moulton, Authorized Person
RFW GLOBAL LLC	<i>Paul Black</i>	Paul A. Black, Authorized Person

Corporations:	Chairman, Vice Chairman, President or Officer (If no directors selected, signature of incorporator.)
General partnerships:	Signature of a general partner or authorized person
Florida Limited Partnerships:	Signatures of all general partners
Non-Florida Limited Partnerships:	Signature of a general partner
Limited Liability Companies:	Signature of an authorized person

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

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EXHIBIT "A" TO  
ARTICLES OF MERGER

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RFW GLOBAL LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 11, 2014 and assigned  
Florida document number L14000040984.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

MFCP, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

2826 HERSCHEL STREET

APT 2

JACKSONVILLE, FL 32205

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

2826 HERSCHEL STREET

APT 2

JACKSONVILLE, FL 32205

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

CHRISTOPHER MOULTON

New Registered Office Address:

2826 HERSCHEL STREET APT 2

Enter Florida street address

Jacksonville


Florida 32205

City

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Chris Moulton (Mar 22, 2022 11:40 AM)

**If Changing Registered Agent, Signature of New Registered Agent**

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**If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:**

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CHRISTOPHER MOULTON	2826 HERSCHEL STREET APT 2	<input checked="" type="checkbox"/> Add
		JACKSONVILLE, FL 32205	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PAUL A. BLACK	Remove	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 24, 2022

محمد باقر

Signature of a member or authorized representative of a member

**Paul A. Black, Member**

Typed or printed name of signee