L14000088127

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(City/State/Zip/Fillone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE JAN 1 2 2024
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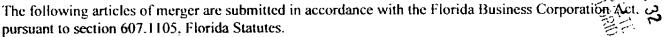
COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: JAY-MEDINA LLC	
Name of Surviving	Entity
The enclosed Articles of Merger and fee are subr	nitted for filing.
Please return all correspondence concerning this	matter to following:
MARIA MEDINA	
Contact Person	
JAY-MEDINA LLC	
Firm/Company	
401 E LAS OLAS BLVD STE 13	30-801
Address	
, 1041010	
FORT LAUDERDALE, FL	33301
City/State and Zip Code	
Chyrodiae allo sup code	
JAYMEDINALLC@GMAIL	.COM
E-mail address: (to be used for future annual report n	
For further information concerning this matter, p	lease call:
THEDECA MEH	054 562 1260
THERESA WEIL	_{At (} 954 ₎ 563-1269
Name of Contact Person	Area Code & Daytime Telephone Number
Certified copy (optional) \$8.75 (Please send a	in additional copy of your document if a certified copy is requested)
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

IMPORTANT NOTICE: Pursuant to s.607.1622(8), F.S., each party to the merger must be active and current in filing its annual report through December 31 of the calendar year which this articles of merger are being submitted to the Department of State for filing.

Tallahassee, FL 32303

ARTICLES OF MERGER



FIRST: The name and jurisdiction of the surviving entity: **Entity Type** Document Number **Jurisdiction** Name (If known/applicable) JAY MEDINA LLC LLC FL L14000088127 SECOND: The name and jurisdiction of each merging eligible entity: Document Number Jurisdiction Entity Type Name (If known/applicable) JAY-MEDINA LLC FL LLC L14000088127 POWER OF 9 INC FL Corp P20000090039

THIRD: The merger was approved by each domestic merging corporation in accordance with s.607.1101(1)(b), F.S., and by the organic law governing the other parties to the merger.

<u>FOUR</u>	TH: Please check one of the boxes that apply to surviving entity:
Ø	This entity exists before the merger and is a domestic filing entity.
	This entity exists before the merger and is not authorized to transact business in Florida.
	This entity exists before the merger and is a domestic filing entity, and its Articles of Incorporation are being amended as attached.
	This entity is created by the merger and is a domestic corporation, and the Articles of Incorporation are attached.
Q	This entity is a domestic eligible entity and is not a domestic corporation and is being amended in connection with this merger as attached.
	This entity is a domestic eligible entity being created as a result of the merger. The public organic record of the survivor 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.
<u>FIFTH</u>	Please check one of the boxes that apply to domestic corporations:
Ø	The plan of merger was approved by the shareholders and each separate voting group as required.
	The plan of merger did not require approval by the shareholders.
<u>SIXTH</u>	E: Please check box below if applicable to foreign corporations
	The participation of the foreign corporation was duly authorized in accordance with the corporation's organic laws.
<u>SEVEI</u>	NTH: Please check box below if applicable to domestic or foreign non corporation(s).
	Participation of the domestic or foreign non corporation(s) was duly authorized in accordance with each of such eligible entity's organic law

Note: If the date inserted in this block does listed as the document's effective date on the		requirements, this date will not be
NINTH: Signature(s) for Each Party: Name of Entity/Organization: POWER OF 9 INC JAY MEDINA LLC	Signature(s): Haut Faul Henria Faul	Typed or Printed Name of Individual: MARIA MEDINA, PRESIDENT MARIA MEDINA, MGR

Corporations:

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

Signature of a general partner Signature of an authorized person