# 114000108731

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12/20/2027

## **CT CORP**

## 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D:	12/20/2022
	Acc#I20160000072
Name:	BILL2PAY, LLC
Document #:	
Order #:	14688916
Certified Copy of Arts & Amend:	
Plain Copy:	
Certificate of Good Standing:	
Certified Copy of	
Apostille/Notarial	Country of Destination:
Certification:	Number of Certs:
Filing: 🗸	Certified: Email Address for Annual Report Notification: Plain: COGS:
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$ 50.00
	Thank you!

### COVER LETTER

Division of Corporation				
SUBJECT: Value Payment Sys	tems, LLC			
	Name of Surviving Party			
The enclosed Certificate of Me	rger and fee(s) are submitted for fi	ling.		
Please return all correspondence	re concerning this matter to:			
Maura Foley				
Co Weil, Gotshal & Manges	ntact Person			
Fir 100 Federal Street, 34th Floor	m/Company			
Boston, MA 02110	Address			
City, S	tate and Zip Code			
Maura.Foley@weil.com				
E-mail address: (to be t	ised for future annual report notific	cation)		
For further information concer				
Maura Foley	at (	)		
Name of Contact Per	son Area Code	Daytime Telephone Number		
Certified copy (options	al) \$30.00			
STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Amendi Division P. O. Bo	nent Section of Corporations ox 6327 ssee, FL 32314		
CR2E080 (2/20)				

171 095 - 03-31, 2020 Walters Klower Onlin



December 21, 2022

CT CORP

SUBJECT: BILL2PAY, LLC Ref. Number: L14000108731 CORRECTED
Please Allow For
Same File Date

We have received your document for BILL2PAY, LLC and the authorization to debit your account in the amount of \$50.00. However, the document has not been filed and is being returned for the following:

The document has two different names list for the surviving party, please correct the second and seventh sections in your document.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 522A00028601

2022 DEC 22 PK 2: 0

#### 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
Value Payment Systems, LLC	Tennessee	LLC
Bill2Pay, LLC	Florida	LLC
SECOND: The exact name, form/entit	y type, and jurisdiction of the <u>sur</u>	viving party are as follows:
<u>Name</u>	Jurisdiction	Form/Entity Type
Value Payment Systems, LLC	Tennessee	L.I.C

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).

2022 DEC 20 PM 1:12 SECINE AL MARCHE STATE DocuSign Envelope ID: 039CDCF8-5BDD-41FE-B18C-0040BCF0D69D

<u>FOUR</u>	FH: Please check one	of the boxes that app	ly to surviving ent	ity: (if applicable)		
	This entity exists before attached.	re the merger and is a domestic filing entity, the amendment, if any to its public organic record				
_	This entity is created by	by the merger and is a domestic filing entity, the public organic record is attached.				
		by the merger and is a domestic limited liability limited partnership or a domestic limited statement of qualification is attached.				
×		entity that does not have a certificate of authority to transact business in this state. The ich the department may send any process served pursuant to s. 605.0117 and Chapter 48,				
	3025 Windward Plaza,	Ste. 200, Alpharetta, GA.				
	: This entity agrees to 1006 and 605.1061-605		h appraisal rights t	he amount, to which m	embers are entitle	ed under
SIXTH days af 12/30/2	ter the date this docume	of filing, the delayed int is filed by the Flor	l effective date of t rida Department of	he merger, which cann State:	ot be prior to nor	more than 90
	If the date inserted in the document's effective da			atutory filing requirement	ents, this date wil	l not be listed
SEVE	NTH: Signature(s) for	Each Party:			Typed or Pri	inted
Name of Entity/Organization:			Signature(s):		Name of Individual:	
Value F	Payment Systems, LLC		David Whiters		David Winters	
Bill2Pa	y, LLC		David Uniters		David Winters	
	l partnerships:	(If no direc Signature o	ctors selected, sign of a general partne	resident or Officer ature of incorporator.) r or authorized person		
Non-Fl	Limited Partnerships: orida Limited Partnersh I Liability Companies:	ips: Signature of	of all general part of a general partne of an authorized pe	r		
Fees:	For each Limited Liab For each Limited Part For each Other Busine	nership:	\$25.00 \$52.50 \$25.00	For each Corporation For each General Partified Copy (o)	artnership:	\$35.00 \$25.00 \$30.00