

LI4000 122805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

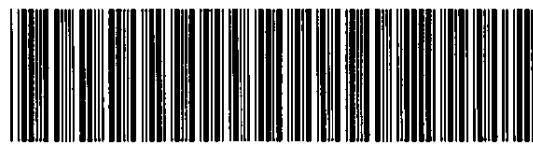
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/14/16--01017--002 \*\$50.00

2015  
C. CARROTHERS

2016 SEP 14 AM 7:09  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE

FILED

9/12/16

Florida Department of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Jose Sotomayor  
Care Plus Infusion, LLC  
357 Almeria Ave Suite 102  
Coral Gables, FL 33134

RE: Merger

Dear Division of Corporations,

Please see attached documents for merger of my nursing agency Advanced Nursing of South Florida, LLC and pharmacy Care Plus Infusion, LLC. Attached you will find supporting documentation from attorneys.

Please contact me if you have any questions. It is imperative that I can have change in order to contract with one of my providers. Please call me directly at (305) 460-8600 office or my cell (786) 332-9196.

The surviving company name will be Care Plus Infusion, LLC. I also submitted in a separate mailing for name change of Advanced Nursing of South Florida, LLC to Care Plus Infusion, LLC.

Thank You,  
  
Jose Sotomayor  
CEO

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Care Plus Infusion, 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:

Jose Sotomayor

Contact Person

Care Plus Infusion LLC

Firm/Company

357 Almeria Ave Suite 102

Address

Coral Gables Fl. 33134

City, State and Zip Code

Soto1234@aol.com

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

For further information concerning this matter, please call:

Jose Sotomayor

Name of Contact Person

at ( 786 ) 332 9196 or 305 460 8603

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

**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:

Name	Jurisdiction	Form/Entity Type
Care Plus Infusion LLC	Florida	LLC 610000130096
Care Plus Infusion LLC	Florida	LLC L14000122805

**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>
<u>Care Plus Infusion, LLC</u>	<u>Florida</u>	<u>LLC</u> <u>L14000122-805</u>

**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).

**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.

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:

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**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.

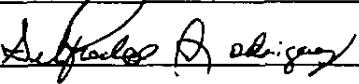
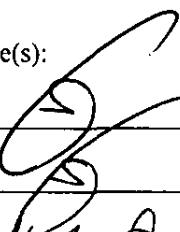
**SEVENTH:** Signature(s) for Each Party:

Name of Entity/Organization:

Care Plus Infusion LLC

Care Plus Infusion LLC

Signature(s):



Typed or Printed  
Name of Individual:

Jose Sotomayor

JOSE Sotomayor

S. Freda Rodriguez

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