

L14000122805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

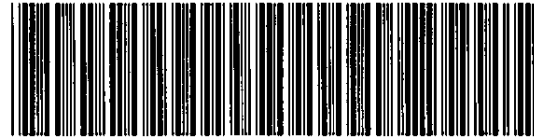
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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

SEP 14 2016
G. CARROTHERS

2016 SEP 14 AM 7:09
CLERK OF STATE
HARRIS COUNTY TEXAS

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,

A handwritten signature in black ink, appearing to be 'Jose Sotomayor', written over a circular stamp or seal.

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 at (786) 332 9196 or 305 460 8600
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

**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>
Core Plus Infusion LLC	Florida	LLC L10000130096
Core 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>
Core Plus Infusion, LLC	Florida	LLC L14000122805

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
2016 SEP 14 AM 7:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

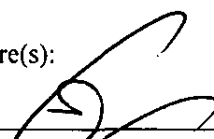

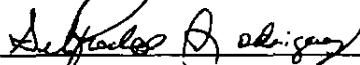
- ☒ This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.
- ☐ This entity is created by the merger and is a domestic filing entity, the public organic record is attached.
- ☐ This entity is created by the merger and is a 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:
- _____
- _____
- _____

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:
_____		<u>Jose Sotomayor</u>
<u>Care Plus Infusion LLC</u>		<u>JOSE Sotomayor</u>
<u>Care Plus Infusion LLC</u>		<u>Alfredo Rodriguez</u>
_____	_____	_____

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

<u>Fees:</u>	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	<u>Certified Copy (optional):</u>	\$30.00