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Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Phone

Account Number : FCA000000023 : (850)222-1092

Pax Number

: (850)878-5368

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

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2/2/2015 4:28 Pl

SECRETARY OF STATE DIVISION OF CORPORATIONS

15 FEB -2 AM 11: 15

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.

Name L15000016873

Name L15000016873

Jurisdiction for each merging party are as follows:

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

Name L15000016873

Jurisdiction Form/Entity Type

Florida LLC

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

Name L15000016873

Jurisdiction Form/Entity Type

PODS, LLC

Florida LLC

<u>THIRD</u>: 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 SECRETARY OF STATE DIVISION OF CORPORATIONS

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FOUR	TH: Please check one of the	boxes that apply to survivin	g entity: (if applicable)								
V	This entity exists before the corganic record are attached.	nerger and is a domestic filli	ng entity, the amendmen	i, if any to its p	oublic						
	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 domostic 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:										
				- -							
	<u>H:</u> This entity agrees to pay a ss.605.1006 and 605.1061-60		ghts the amount, to whic	h members are	entitled						
	H: If other than the date of fil	·	te of the merger, which o	onnot he nelor	10 505						
	than 90 days after the date this				tti itti						
11:58	p.m. ET on February 2, 20	015			_						
SEVE	NTH; Signature(s) for Each	Party:									
Name	of Entity/Organization:	Signature(s): /		ed or Printed ne of Individus	al:						
	S Holding, LLC		-	ohn Sheedy							
POD	S, LLC		3	ohn Sheedy	Y						
		_									
Corpo	rations:	Chairman, Vice Chairman,	President or Officer								
	al partnerships:	Signature of a general parts	(If no directors selected, signature of incorporator.) Signature of a general partner or authorized person Signatures of all general partners								
	a Limited Partnerships: 'Iorida Limited Partnerships:	Signatures of all general parts Signature of a general parts									
	d Liability Companies:	Signature of an authorized									
Fees:	For each Limited Liability C		For each Corporation:		\$35.00						
	For each Limited Partnership For each Other Business Ent				\$25,00 \$30.00						
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