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with



DONALD E. DYCHES, JR. shimted in GASSC AIMEE M. ECKER PLEASE REPORTOR
32 F. MONTGOMERY CROSS ROAD
8 WANNAH, GEORGIA 31406
Dyches Law, com

June <u>23</u>, 2020

VIA CERTIFIED MAIL 7017 3040 0000 7083 4763

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

KMC Consulting and Licensing, LLC

FEI/EIN Number 46-1995157

Dear Clerk:

Enclosed please find the two copies of the 'Articles for Merger' for filing in the above referenced matter. Also enclosed is check number 220 in the amount of \$25.00, which represents payment of the fees for filing the Articles of Merger. I would appreciate your returning a file-stamped copy of this document in the enclosed self-addressed stamped envelope.

If you should have any questions or concerns, please do not hesitate to call upon me.

Kind Regards,

Aimee M. Ecker

AME/KM Enclosures



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DONALD E. DYCHES, JR. admitted in GV8 80 AIMEE M. ECKER PLIASE REPLY TO: 32 F. MONTGOMERY CROSS ROAD SAVANNAH, GEORGIA 31406 Dychesław.com

September 2, 2020

**VIA CERTIFIED MAIL** 

7019 1640 0001 3082 6194

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re:

KMC Consulting and Licensing, LLC

FEI/EIN Number 46-1995157 Letter Number 820A00016114

Dear Clerk:

Enclosed please find check number <u>\begin{aligned}{0.55}</u> in the amount of \$25.00, which represents payment of the fees for filing the Articles of Merger for the second entity as requested in your correspondence of August 23, 2020. I would appreciate your returning a file-stamped copy of this document in the enclosed self-addressed stamped envelope.

If you should have any questions or concerns, please do not hesitate to call upon me.

Kind Regards,

Aimee M. Ecker

Enclosures

SAVANNAH



August 23, 2020

AIMEE M ECKER DYCHES LAW GROUP 32 E MONTGOMERY CROSS ROAD SAVANNAH, GA 31406

SUBJECT: KMC CONSULTING AND LICENSING, LLC

Ref. Number: L15000060744

We have received your document for KMC CONSULTING AND LICENSING, LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$25.00.

The Filing Fee is \$25.00 for each entity involved in the merger.

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.

Letter Number: 820A00016114

Diane Cushing Senior Section Administrator

www.sunbiz.org

District of Co. 1 and 1 a D.O. DOV 0007 M 11 1 ... The 11 0001

### ARTICLES OF MERGER

**OF** 

### KMC CONSULTING AND LICENSING, LLC ユレッラー いって

a Florida limited liability company

### WITH AND TO

### KMC CONSULTING AND LICENSING, LLC

a Georgia limited liability company

PURSUANT TO FLA. STAT. § 605.1025

Pursuant to Fla. Stat. § 605.1025, KMC CONSULTING AND LICENSING, LLC, a Florida limited liability company ("KMC Florida"), and KMC CONSULTING AND LICENSING, LLC, a Georgia limited liability company ("KMC Georgia" a/k/a the "Surviving Entity"), file these Articles of Merger.

- KMC Florida was organized under the laws of the State of Florida on or about February 7,
   2015.
- KMC Georgia was organized under the laws of the State of Georgia on or about March 11, 2020.
- 3. KMC Florida, is merging with KMC Georgia.
- 4. A plan of merger was duly approved by a Written Consent by the Sole Member of KMC Florida, dated May 7<sup>m</sup>, 2020, in accordance with the applicable provisions of the Florida Revised Limited Liability Act, prior to the filing of these Articles of Merger.
- 5. A plan of merger was duly approved by a Written Consent by the Sole Member of KMC Georgia, dated May 1th, 2020, in accordance with the applicable provisions of the Georgia Limited Liability Act, prior to the filing of these Articles of Merger.
- 6. KMC Georgia shall be the surviving business entity.

- 7. The merger shall be effective as of the date and time of the filing of these Articles of Merger with the Florida Department of State.
- 8. The executed plan of merger is on file at the principal place of business of the surviving limited liability company, to wit: 121 Grandview Drive, Pooler, Georgia 31322.
- 9. A copy of the plan of merger will be furnished by the surviving limited liability company on request and without cost to any member of any constituent entity.
- 10. The Surviving Entity is a foreign entity that does not have a certificate of authority to transact business in Florida. The surviving entity's mailing address to which the Florida Department of State may send any process served on the Department pursuant to Fla. Stat. § 605.0117 and Chapter 48 of the Florida Statutes is as follows: c/o Donald E. Dyches, Jr., Registered Agent, 32 E. Montgomery Cross Road, Savannah, Georgia 31406.
- 11. The surviving entity agrees to pay to any members of any limited liability company with appraisal rights the amount to which such members are entitled under the provisions of Fla. Stat. §§ 605.1006 and 605.1061-605.1072.

IN WITNESS WHEREOF, the undersigned, being the Sole Member of the Company, has executed these Articles of Merger, this \_\_\_\_\_ day of May, 2020.

Signed, sealed and delivered this 112 day of May, 2020

Signed, sealed and deriver this day of May, 2020

KMC Consulting and Licensing, LLC a Flórida limited liability company

KMC Consulting and Licensing, LLC a Georgia limited liability company

### FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT #** 1. Entity Name

Nelson's Construction Company



For Office Use Only

DO NOT WRITE IN THIS SPACE

SELTO MARY OF STATE
TYTESTS CORPORATIONS

20 NOV -6 PM 2: 10

DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business - No P.O. Box # 5947 Trail Ln Suite, Apt #, etc.	3. Mailing Address	ane	300355181 11/13/200101900 CR2E034B(	
City & State Milton FL	City & State Milton FL		4. FEI Number 59 - 27 6 5 8 0 2	Applied F Not Appli
32583 Country 3	32583 Cour	"US_	5. Certificate of Status Desired	\$8.75 Additional Fee Required
DO NOT WRITE  Name  Street Addr		lon	7. Name and Address of Current Registered Agent  N Y Q L C Q Y I N S  ss (P.O. Box Number is Not Acceptable)  T Q I L Q N	
		City Mil	ton	FL 3238
The above named entity submits this statement for the obligations of registered agent.		d office or registere	d agent, or both, in the State of Florida. I	<b>.</b>
SIGNATURE CYLINE ( ) LILL Signature, typed or played name of registered agent an	W President (NOTE Registered	Agent signature required y		31-2020
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of	State  9. Election Campaign Fi Trust Fund Contribute  1. Trust Fu	^^	O May Be to Fees E-mail address to be used	nail Address: 2V17S@1JQV For future annual report r
TITLE VP NAME STREET ADDRESS CITY-ST-ZIP 5947 Trail LA	Milton, FL 32			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under each; that I am an officer or directo of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree feli as provided for in \$ 817 765 F.S. SIGNATURE:

SIGNATURE: \( \)

CITY-ST-ZIP



## FOR PROFIT CORPORATION Annual Report Instructions

- Make check payable to Florida Department of State.
   Check must be payable in United States Funds and through a United States Bank.
- Submit report with a separate check for each filing.
- Changes must be typed or printed in ink and legible.
- Sign report in block 12.
- Black 1. Enter the name and document number of the corporation. You cannot change the name on this form. You must file an amendment to change the name.
- Block 2. Enter the principal place of business address in Block 2. A P.O. Box address is not acceptable.
- Block 3. Enter the mailing address in Block 3. A Post Office Box is acceptable.
- Block 4. Complete Block 4 by entering your Federal Employer Identification (FEI) number or checking either applied for or not applicable. If "applied for" was previously reported to this office, you must now provide the FEI number. FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (80 829-4933.
- Block 5. Should you desire a certificate reflecting your entity's status after the filing of this report, check the BOX in Block 5 and include an additional \$8.75 with your filing fee. Only 1 certificate can be issued at the time of the uniform business report filing.
- Block 6. DO NOT MAKE ANY MARKS IN BLOCK 6.
- Block 7. The law requires that each entity have a Registered Agent with a Florida street address. A P.O. Box is not acceptable for service of process. A CORPORATION CANNOT S AS ITS OWN REGISTERED AGENT; however, a principal of the corporation can. Enter the agent's name and address in block 7. There is no additional fee to change the Registered Agent on this form.
- Block 8. A new Registered Agent must accept the obligations and this appointment by completing and signing in Block 8. No signature is necessary if the Registered Agent of recorretained. If the Registered Agent is a different entity, the person signing must state their position with the entity. NOTE: Registered agent signature required when reinsta on this form.
- Block 9. Florida law allows for a voluntary contribution of \$5.00 per taxpayer for the purpose of providing for public financing of political campaigns for the offices of the Governor a members of the Cabinet. It you would like to contribute, check the box in Block 9 and include an additional \$5.00 with the filling fee.
- Block 10. Enter the current Officers/Directors in Block 10. List all officers/directors. Attach a separate sheet if necessary. Use the following type symbols on the title line: P=Presider. V=Vice President; T=Treasurer; S=Secretary; D=Director; C=Chairman; M=Managing Director. If a person holds more than one position, enter all positions, e.g., S/D; V/S; V NOTE: A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER. NOTE: If officer or director's address is contidential pursuant to Chapter 119, Florida Statutes, an alternate address must be provided. Officers/Directors must provide an address. Florida Statutes require a physical address be given. The provision of a post or box in Block 10 or on an attachment is an affirmation under oath that no other address is available.
- 8lock 11. PLEASE DO NOT MAKE ANY MARKS IN BLOCK 11.
- Block 12. This report must be signed in Block 12 with an original signature by an officer/director of the entity that is listed in Block 10 or on an attachment. If the entity is in the hand a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 12 is unacceptable.

### Mail completed report to:

#### **Annual Report**

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Other Correspondence Address:
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Internet Address:

www.sunbiz.org

Courier Address: (overnight delivery)

Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### Questions?

Phone: (850) 245-6056

Hearing/Voice Impaired may call (850) 245-6096 (TDD)

### INFORMATION REGARDING RETURNED CHECK

If the cneck submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.

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