

L15000067905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

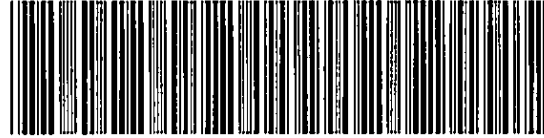
(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alvarez Plastic Surgery PLLC

Name of Surviving Party

The enclosed Certificate of Merger and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Amy Jetel

Contact Person

Jetel Law, PLLC

Firm/Company

3300 Bee Caves Rd., Ste 650-108

Address

Austin, Texas 78746

City, State and Zip Code

amy@jetel-law.com

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

For further information concerning this matter, please call:

Amy Jetel

Name of Contact Person

at (512)

Area Code

370-2747

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 JUL -6 AM 11:03



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 7, 2020

AMY JETEL
JETEL LAW, PLLC
3300 BEE CAVES RD., STE 650-108
AUSTIN, TX 78746

SUBJECT: ALVAREZ PLASTIC SURGERY PLLC
Ref. Number: L15000067905

We have received your document for ALVAREZ PLASTIC SURGERY PLLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A voluntarily dissolution was filed on July 6th so therefore the merger document can't be filed. Both documents can't be filed anyway.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 820A00017067

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>
Alvarez Plastic Surgery PLLC	Florida	PLLC - 15-67905
_____	_____	_____
_____	_____	_____
_____	_____	_____

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>
Alvarez Plastic Surgery PLLC	Texas	PLLC

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).

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TAMPA, 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

201 S. Lakeline Blvd., Ste 901

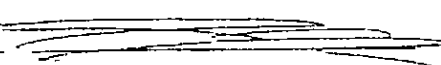
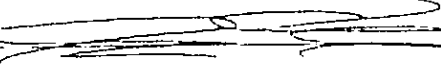
Austin, TX 78613

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:
Alvarez Plastic Surgery PLLC		Sergio Alvarez
Alvarez Plastic Surgery PLLC		Sergio Alvarez

Corporations:	Chairman, Vice Chairman, President or Officer <i>(If no directors selected, signature of incorporator.)</i>
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	<u>Certified Copy (optional)</u>	\$30.00