15000086843

	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-UF	P MAR MAR
	(Business Entity Name)
	(Document Humber)
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Y SULKER FEB 1 7 2020

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 124964 4724048

AUTHORIZATION 中文

COST LIMIT : \$\\$\\$0.00

ORDER DATE : January 7, 2020

ORDER TIME : 4:25 PM

ORDER NO. : 124964-020

CUSTOMER NO: 4724048

ARTICLES OF MERGER

PSYBAR MANAGEMENT B LLC

INTO

IMA GROUP MANAGEMENT COMPANY, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Kadesha Roberson

EXAMINER'S INITIALS:



Please give original submission date on file date.

January 22, 2020

CORPORATION SERVICE COMPANY

SUBJECT: IMA GROUP MANAGEMENT COMPANY, LLC

Ref. Number: L15000086843

We have received your document for IMA GROUP MANAGEMENT COMPANY, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida entity must file current year's Annual Report.

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.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 220A00001532

www.sunbiz.org

COVER LETTER

TO:	Amendment Section Division of Corporations						
/3 1 1 4 5	•	ny. LLC					
SUB.	BJECT: IMA Group Management Company, LEC Name of Surviving Party						
The e	enclosed Certificate of Merger and fee(s) are submit	ted for filing.				
Pleas	e return all correspondence concerning	this matter (0:				
Chan	maine Perdon						
	Contact Person						
Greei	nberg Traurig, L.L.P						
	Firm/Company						
200 P	ark Avenue						
	Address						
New	York, NY 10166						
-	City, State and Zip C	Code					
perdo	one@gtlaw.com						
	E-mail address: (to be used for future	e annual repo	ort notification)	_			
For fu	urther information concerning this matt	ter, plense en	II:				
Chari	maine Perdon	at (801-68	338			
	Name of Comact Person		Area Code	Daytime Telephone Number			
	Certified copy (optional) \$30.00						
STRE	EET ADDRESS:		MAHLING ADDRESS:				
	ndment Section		Amendment Section				
	ion of Corporations		Division of Corporations				
	on Building Executive Center Çirele		P. O. Box 6327 Tallahassee, FL 32314				
	hassee, FL 32301		ranamasee. P.	, July 179			

CR2E080 (2/14)

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.

ab	
Delaware	Limited Liability Company
	
e, and jurisdiction of the sur	viving party are as follows:
Jurisdiction	Form/Entity Type
Florida	Limited Liability pinpan
	-
and the second of the second o	and the first production of the second of t
	it is a limited liability company in accordance he laws of its jurisdiction; and by each memb
	Jurisdiction

<u>FOU</u>	RTH: Please check one of the	boxes that app	ly to surviving e	ntity: (if applicable)					
Ø	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.								
<u> </u>	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.								
a	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>FIFTI</u> ss.605	H: This entity agrees to pay any 1006 and 605,1061-605,1072.	e members with F.S.	rappraisal rights	the amount, to which members are ent	itled under				
days a	fier the date this document is ti	led by the Flori	t the applicable	statutory filing requirements, this dote v					
	NTII: Signature(s) for Each P		or other a recent	••					
	of Entity/Organization:	•	Signature(s):	Typed or Printe Name of Individu					
	r Management B LLC		7/2/\ 2\		Dr. David C. Pulver				
IMA Group Management Company, LLC		C	M	Dr. David C. Pu	ilver				
									
Genera Florida Non-F	rations: al partnerships: a Limited Partnerships: lorida Limited Partnerships: d Liability Companies:	Of no direct Signature of Signatures of Signature of	ors selected, sig	et .					
Fces:	For each Limited Liability Co For each Limited Partnership For each Other Business Enti-	,	\$25.00 \$52.50 \$25.00	For each Corporation: For each General Partnership: Certified Copy (optional):	\$35.00 \$25.00 \$30.00				