Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

from:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215) 563-8113 Fax Number : (215)977-9386

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

Email Address:

MERGER OR SHARE EXCHANGE MADE FINANCE, LLC

Certificate of Status	0
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Estimated Charge	\$50.00

Electronic Filing Menu

Corporate Filing Menu

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Articles of Merger For Florida Limited Liability Company

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company(les) in accordance with s. 605,1025, Florida Statutes.

FIRST: The exact name, form/entity type, and jurisdiction for each merging party are as follows:

Name

Jurisdiction

Pennsylvania

LLC

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

Name

Jurisdiction

Form/Entity Type

MADE FINANCE, LLC

Florida

LLC

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).

1 of 3



FOUR	RTH: Please check one of the	boxes that appl	y to surviving e	ntity: (if applicab	le)		
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.						
	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 mailing address to which the Florida Statutes is:						
						<u>.</u>	
ss.605. SIXTH days af Note:	I: This entity agrees to pay any 1006 and 605.1061-605.1072, I: If other than the date of filing the date this document is file. If the date inserted in this blocklocument's effective date on the date on the date on the date on the date inserted in this blocklocument's effective date on the date.	F.S. ig, the delayed of the floridate o	effective date of da Department of the applicable s	the merger, which f State:	h cannot be prior to nor	more than 90	
SEVE	NTH: Signature(s) for Each Pa	arty:					
Name of Entity/Organization:		S	Signature(s):		Typed or Printed Name of Individual		
MAD	E PINANCE, LLC				James R. Sibel, Manager	'	
MAD	E FINANCE, LLC	7			James R. Sibel, Manager	<u></u>	
Согрог	ations:			President or Offic nature of incorpo			
Genera	l partnerships:			er or authorized p			
	a Limited Partnerships: Signatures of all general partners						
	Florida Limited Partnerships: Signature of a general partner						
Limited	d Liability Companies:	Signature of	an authorized p	erson			
Fees:	For each Limited Liability Co	impany:	\$25.00	For each Co	poration:	\$35.00	
	For each Limited Partnership:		\$52.50		neral Partnership:	\$25.00	
	For each Other Business Entit		\$25.00		py (optional):	\$30.00	