L15 000115079

(Requestor's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: FAXPRODUCTS.COM, LLC	
	ame of Surviving Party
The enclosed Certificate of Merger and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to:
Elizabeth Robinson	
Contact Person	
McLane Middleton, Professional Association	
Firm/Company	
300 TradeCenter, Suite 7000	
Address	Madelating Capting Cap
Woburn, MA 01801	
City, State and Zip Code	•
jozsef@blackice.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, pleas	e call:
Elizabeth Robinson at (781 904-2703
Name of Contact Person	Area Code Daytime Telephone Number
Certified copy (optional) \$30.00	
STREET ADDRESS:	MAILING ADDRESS:
Amendment Section	Amendment Section
Division of Corporations Clifton Building	Division of Corporations P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	•

CR2E080 (2/14)



January 25, 2017

ELIZABETH ROBINSON 300 TRADECENTER SUITE 7000 WOBURN, MA 01801

SUBJECT: FAXPRODUCTS.COM LLC

Ref. Number: L15000115079

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

As a condition of a merger, pursuant to s.605.0212(8), Florida Statutes, each party to the merger must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the articles of merger are submitted for filing.

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: 817A00001578

Carol Mustain Regulatory Specialist II

www.sunbiz.org

Division of Comparations DO DOV 6227 Tallahagges Florida 2221

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:

Name	<u>Jurisdiction</u>	Form/Entity Type	
FAXPRODUCTS.COM, LLC	Florida	Limited Liability Company	
FAXPRODUCTS.COM, LLC	New Hampshire	Limited Liability Company	
SECOND: The exact name, form/entity	type, and jurisdiction of the sur	viving party are as follows:	
<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type	
FAXPRODUCTS.COM, LLC	Florida	Limited Liability Company	

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).



ryu	KIH: Please check one of the	boxes that ap	ply to surviving e	nuty: (if applicable)					
g [`]	This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.								
0	This entity is created by the merger and is a domestic filing entity, the public organic record is attached.								
a	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.								
0	This entity is a foreign entity mailing address to which the Florida Statutes is:								
	,,					 -			
ss.60: SIXT	H: This entity agrees to pay any 5.1006 and 605.1061-605.1072, H: If other than the date of filinater the date this document is file.	F.S. ng, the delaye iled by the Flo	d effective date or	f the merger, which c	annot be prior to n	or more than 90			
as the	If the date inserted in this bloc document's effective date on the	ne Department			rements, this date v	vill not be listed			
	ENTH: Signature(s) for Each P	'arty:	a:		Typed or Printe				
	of Entity/Organization:		Signature(s):	\	Name of Individua	al:			
AXP.	RODUCTS.COM, LLC		and I	Mul	Jozief	Nemeth,			
FAXP	RODUCTS.COM, LLC		6.3	<u> </u>	Jozset	Nemeth Nemeth			
					· · · · · · · · · · · · · · · · · · ·				
Como	rations:	Chairman	Vice Chairman	President or Officer	<u> </u>	~ .			
•		(If no dire	ctors selected, sig	nature of incorporat					
	al partnerships:			er or authorized pers	on				
	orida Limited Partnerships: Signatures of all general partners								
	Torida Limited Partnerships: ed Liability Companies:		of a general partn of an authorized p						
Fees:	For each Limited Liability Co	ompany:	\$25.00	For each Corpor	ration:	\$35.00			
	For each Limited Partnership		\$52.50	For each General		\$25.00			
	For each Other Business Enti		\$25.00	Certified Copy		\$30.00			