## U5000132050

. (Re	equestor's Name)			
. <b>(A</b> d	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
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R. WHITE MAR 0 7 2018

## **COVER LETTER**

10:	Amendment Section Division of Corporations					
SHBI	ECT: Synergistic Therapeutics, LLC					
зова	Name of Surviving Party					
The e	nclosed Certificate of Merger and fee(	s) are submitted for filing.				
Please	return all correspondence concerning	this matter to:				
Antho	my H. Salee, Jr.					
	Contact Person					
	Firm/Company	<del>.</del>				
3415 I	Radio Road					
	Address	<del></del>				
Naple	s, FL 34104					
	City, State and Zip C	Code				
asalce	@saleecompanies.com					
	E-mail address: (to be used for futur	e annual report notification)				
For fu	rther information concerning this mat	er, please call:				
	ny H. Salce, Jr.	at ( 239 304-0990				
	Name of Contact Person	Area Code Daytime Telephone Number				
	Certified copy (optional) \$30.00					
STRE	EET ADDRESS:	MAILING ADDRESS:				
Amendment Section		Amendment Section				
Division of Corporations		Division of Corporations				
	n Building	P. O. Box 6327				
2661 Executive Center Circle Tallal		Tallahassee, FL 32314				

CR2E080 (2/14)

Tallahassee, FL 32301



February 13, 2018

ANTHONY H. SALCE JR 3415 RADIO RD NAPLES, FL 34104

SUBJECT: SYNERGISTIC THERAPEUTICS, LLC

Ref. Number: L15000132050

We have received your document for SYNERGISTIC THERAPEUTICS, 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.

BOTH ENTITIES MUST FILE THE ANNUAL REPORT.

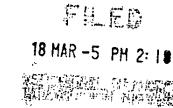
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 818A00003032

## 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
MedWare, LLC	Florida	limited liability company
	-	
SECOND: The exact name, form/entity type	e, and jurisdiction of the <u>sur</u>	viving party are as follows:
Name	<u>Jurisdiction</u>	Form/Entity Type
Synergistic Therapeutics, 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).

<u>FOUF</u>	RTH: Please check one of the	boxes that app	ly to surviving er	tity: (if applicable)					
<b>7</b>	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:								
						<del></del>			
	H: This entity agrees to pay any .1006 and 605.1061-605.1072,		h appraisal rights	the amount, to which mer	nbers are entitled	under			
	H: If other than the date of filing the date this document is file.				be prior to nor m	nore than 90			
	If the date inserted in this bloc document's effective date on th				ts, this date will	not be listed			
<u>SEVE</u>	NTH: Signature(s) for Each P	arty:		_					
Name	of Entity/Organization:		Signature(s):		ped or Printed e of Individual:				
	gistic Therapeutics, LLC			A	nthony H. Salce, J	r.			
MedW	are, LLC		-3		nthony H. Salce, J	г,			
						<del></del>			
		<del></del> .							
Corpo	rations:			President or Officer					
(If no directors selected, signature of incorporator.)  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									
	d Liability Companies:		of an authorized p						
Fees:	For each Limited Liability Co	ompany:	\$25.00	For each Corporation	:	\$35.00			
	For each Limited Partnership		\$52.50	For each General Par		\$25.00			
	For each Other Business Enti		\$25.00	Certified Copy (opti		\$30.00			