## L15000132050

(Requestor's Name)							
(Address)							
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MAY 08 2018 I ALBRITTON

## COVER LETTER

TO:	Amendment Section Division of Corporations						
SURI	ECT: Synergistic Therapeutics, LLC						
5000	Name of Surviving Party						
The ci	nclosed Certificate of Merger and fee	e(s) are submit	ted for filing.				
Please	e return all correspondence concernin	g this matter to	o:				
Mark l	Lazar						
	Contact Person	1					
Synerg	gistic Therapeutics, LLC						
	Firm/Company	 y	<del></del>				
3415 F	Radio Road, Ste 109						
	Address	<del></del>	· ··-				
Naples	s, FL 34104						
	City, State and Zip	Code					
mlazai	r@salcecompanies.com						
	E-mail address: (to be used for futu	ire annual repo	ort notification)	-			
For fu	urther information concerning this ma	atter, please ca	11:				
Mark	Lazar	at ( <sup>239</sup>	304-09	990			
	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			Division of Corporations				
			P. O. Box 6327				
	Executive Center Circle		Tallahassee, FL	. 32314			
Tallal	nassee, FL 32301						

CR2E080 (2/14)



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 25, 2018

MARK LAZAR SYNERGISTIC THERAPEUTICS, LLC 3415 RADIO ROAD - STE. 109 NAPLES, FL 34104

SUBJECT: SAFEWARE, LLC Ref. Number: W18000039135

We have received your document for SAFEWARE, 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):

We can find no record of the entity named in your document. A computer printout of a similar named entity is enclosed for your review. If this is the right name, please correct your document and return it 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.

Irene Albritton Regulatory Specialist II

Letter Number: 118A00008558

RECEIVED

18 MAY - 7 PM 2: 09
SFORTARY OF STATE
TALL MADES OF

## 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 limited liability company	
SafeWare & Co., LLC	Florida		
	***		
SECOND: The exact name, form/entity type, a	and jurisdiction of the sumplying nor	rtri oro og fallongs	
SECOND: The exact hame, form entity type, a	and jurisdiction of the surviving par	ty are as follows:	
<u>Name</u>	<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>FOUR</u>	TH: Please check one of the	boxes that apply	y to surviving er	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.									
	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	ect business in this so s. 605.0117 and C	state. The hapter 48,								
ETECT.										
	<ol> <li>This entity agrees to pay any 1006 and 605.1061-605.1072,</li> </ol>		appraisal rights	the amount, to which	n members are entit	led under				
	L: If other than the date of filir the date this document is fi				annot be prior to no	or more than 90				
March 3	31, 2018									
as the d	If the date inserted in this bloc locument's effective date on the NTH: Signature(s) for Each Particular (Species (Section 1)).	ne Department o arty:	f State's records		Typed or Printed	l				
Name of Entity/Organization:		S	ignature(s):	-	Name of Individua					
Synergi	stic Therapeutics, LLC				Anthony H. Sales	e, Jr.				
SafeWa	re & Co., LLC				Anthony H. Salce	e, Jr.				
Corpora	ations:			President or Officer nature of incorporate	or.)					
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:		a general partners 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 Genera		\$25.00				
	For each Other Business Entire		\$25.00	Certified Copy		\$30.00				