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| Certified Copies Certificates of Status | | | | | | |
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Office Use Only



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COVER LETTER

TO:

Amendment Section
Division of Corporations

SUBJECT: ALL IN ONE GLOBAL SERVICES LLC

Name of Surviving Party

The enclosed Certificate of Merger and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Marie Armstrong Eugene

Contact Person

Consult Tax Accounting & Services LLC

Firm/Company

1650 S Dixie Highway Ste 200D

Address

Boca Raton, Florida, 33432

City, State and Zip Code

consultaxandservicesllc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marie Armstrong Eugene

_{at (}561

696-7519

Name of Contact Person

Area Code

Daytime Telephone Number

☑ Certified copy (optional) \$30.00

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

CR2E080 (2/20)

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 | Jurisdiction | Form/Entity Type |
|---|------------------------------------|--|
| RAYMOND'S INSURANCE GROUP LLC | FLORIDA | LIMITED LIABILITY COMPANY(LLC) |
| | | |
| SECOND: The exact name, form/entity typ | e, and jurisdiction of the survivi | ng party are as follows: |
| Name ALL IN ONE GLOBAL SERVICES LLC | Jurisdiction FLORIDA | Form/Entity Type 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 self. 1033(1)(b).

| <u>FOUR</u> | TH: Please check one of the b | oxes that a | apply to surviving er | tity: (if applicable) | | | | | |
|------------------------------|---|--------------------------|---|---|---|---------------------------|--|--|--|
| ! | 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 t mailing address to which the d Florida Statutes is: | hat does no epartment | ot have a certificate may send any proce | of authority to transact ss served pursuant to | t business in this s s. 605.0117 and C | state. The Chapter 48, | | | |
| | | | | | | | | | |
| | <u>I:</u> This entity agrees to pay any 1006 and 605.1061-605.1072, I | | with appraisal rights | the amount, to which | members are enti | tled under | | | |
| | L: If other than the date of filing ter the date this document is file | ed by the F | | | nnot be prior to no | or more than 90 | | | |
| | If the date inserted in this block locument's effective date on the | | | | ments, this date w | vill not be listed | | | |
| <u>SEVE</u> | NTH: Signature(s) for Each Pa | rty: | | | Typed or I | Printed | | | |
| Name of Entity/Organization: | | | Signature(s): | Signature(s): Name of Individua RAYMOND JEAN | | | | | |
| ALL II | N ONE GLOBAL SERVICE | ES LLC | Koumou | Jean | RAYMON |) JEAN | | | |
| RAYM | OND'S INSURANCE GROUP L | LC | Raymo | el Jean | RAYMON |) JEAN | | | |
| Corpor | rations: | | an, Vice Chairman, l | President or Officer | | | | | |
| Genera | l partnerships: | | | er or authorized person | | | | | |
| Florida | Limited Partnerships: | | | | | | | | |
| | orida Limited Partnerships: d Liability Companies: | _ | re of a general partnere of an authorized p | | | | | | |
| Fees: | For each Limited Liability Co | mpany: | \$25.00 | For each Corpora | tion: | \$35.00 | | | |
| | For each Limited Partnership: | | \$52.50 | For each General | Partnership: | \$25.00 | | | |
| | For each Other Business Entit | y: | \$25.00 | Certified Copy (| optional): | \$30.00 | | | |

Raymond Jean 11270 NW 52nd St Coral Springs, FL 33076 954-648-8586

December 11, 2024

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir/Madam,

My name is Raymond Jean. I am writing as the single member of both ALL IN ONE GLOBAL SERVICES LLC (Document Number: L15000160507) and RAYMOND'S INSURANCE GROUP LLC (Document Number: L17000121957). We are in the process of merging these two entities and would like to submit the necessary documentation for this merger.

Please find enclosed the completed Certificate of Merger form, along with the required certification documents. I kindly request that you process this merger and update your records accordingly.

Return Address: Consult Tax Accounting & Services LLC/Marie Armstrong
1650 S Dixie Highway St 200D
Boca Raton, Florida, 33432

Telephone Number: +561-696-7519

Thank you for your assistance in this matter.

Sincerely.

Raymond Jean Single Member & Owner