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05/04/17--01027--029 **25.00 06/22/17--01021--023 **25.00



JUN 28 2017 C NICHAIR

MAY 22 2017 C PACHAIR

MAY 22 2017 C MCNAIR Nils P. Johnson, Jr.* Eric C. Johnson Karen L. Bovard** Molly K. Johnson Nils Peter Johnson *admitted in OH, NH, MA ** admitted in OH, VA



12 W. MAIN STREET - CANFIELD, OHIO 44406 Phone: (330) 533-1921 -- Fax: (330) 533-0887 Toll free: (888) 324-5127 Website: www.johnsonandjohnsonohio.com Nils P. Johnson, Sr. 1922 - 2011 Walter O.R. Johnson 1894-1962



TO: Florida Department of State ATTN: Division of Corporations

FAX NUMBER: (850) 245-6014

FROM: Scott Cooper

DATE: 5/1/17

SUBJECT: Black Box Fusion, LLC - Articles of Merger

4 page(s) + cover

Sir/Madam,

Attached please find the Articles of Merger to be filed for Black Box Fusion, LLC. The original document and a check for appropriate filing fees has been also been mailed to your office. Thank you for your help in this matter/Please do not hesitate to contact me with any questions.

Scott Cooper

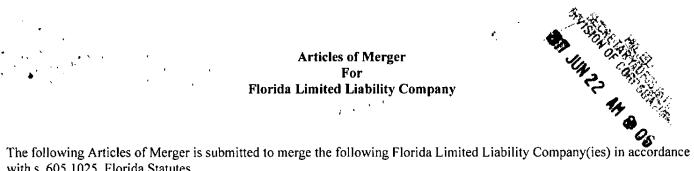
FAX COVER PAGE: This is a confidential message, intended solely for the person to whom it is addressed, and may constitute privileged communications. If you receive this message in error, please forward it to the correct person, or mail it back to us. Thank you.

17 MAY -4 PM 2: 30
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: BLACK BOX FUSTON, LLC
Name of Surviving Party
The analoged Contificate of Manage and for(s) are submitted for filing
The enclosed Certificate of Merger and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
AMY. KAREN L. BULAND Contact Person
Firm/Company
9555 W WESTELN DESERVE RD.
Address
ANTERO, OH 44406 City, State and Zip Code
City, State and Zip Code
E-mail address: (to be used for future annual report notification)
Pau Conthag in Compation accessing this matter places will
For further information concerning this matter, please call:
ATM KALEN L. BUMBO at (330) 533-1921
Name of Contact Person Area Code Daytime Telephone Number
☐ Certified copy (optional) \$30.00
STREET ADDRESS: MAILING ADDRESS:
Amendment Section Amendment Section Division of Comparations
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)



with s. 605.1025, Florida Statutes.

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

<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
BLACK BUX FUSTIN, LLC	OHIO	LLC
BLACK BOX FUSDIN, LLC	FLURICA	
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
BLACK BOX FLOSTON, LLC	OHIO	

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>FOUI</u>	RTH: Please check one of the	ooxes that app	ly to surviving e	ntity: (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.						
0	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 that does not have a certificate of authority to transact business in this state. The mailing address to which the department may send any process served pursuant to s. 605.0117 and Chapter 48, Florida Statutes is:						
	ATH KMEN L. I	Soudro					
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SIXT days a	after the date this document is fil	ng, the delayed led by the Flor k does not mee e Department	ida Department of	statutory filing requirements, this date v	will not be listed		
Name	of Entity/Organization:		Signature(s):	Name of Individua			
B/A	CK BOX FUSTON, U.C.	(OHE) (FLUETOS)	fly Mc	Boron			
Corpo	orations:	,	,	President or Officer			
Florid Non-F	ral partnerships: la Limited Partnerships: Florida Limited Partnerships: ed Liability Companies:	Signature of Signatures Signature of Signatu		er			
Fees:	For each Limited Liability Co	:	\$25.00 \$52.50 \$25.00	For each Corporation: For each General Partnership: Cartified Copy (optional):	\$35.00 \$25.00 \$30.00		