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DATE:

5/4/17

NAME:

HOMEE INC

TYPE OF FILING: MERGER

COST:

60.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION:** 

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Homee, Inc.		
SUBJECT.	Name of Surviving Party	
The enclosed Certificate of Merger and fee(s	s) are submitted for filing.	
Please return all correspondence concerning	this matter to:	
Steve Zagami		
Contact Person		
VPS	,	
Firm/Company		
1 E. Main St. Suite B		
Address		
Middletown, DE 19709		
City, State and Zip C	Code	
Steve@virtualparalegalservices.com		
E-mail address: (to be used for future	annual report notification)	
For further information concerning this matt	er, please call:	
Steve Zagami	at () 405-1943	
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	
Clifton Building 2661 Executive Center Circle	P. O. Box 6327	
Tallahassee, FL 32301	Tallahassee, FL 32314	

CR2E080 (2/14)

## Articles of Merger For Florida Limited Liability Company

77 (1 × 10) 17 HAY -4 4M (0: 30

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:

<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
Homee, LLC	Florida	Limited Liability Company
Homee, Inc.	Delaware	Corporation
SECOND: The exact name, form/entity type	, and jurisdiction of the surv	viving party are as follows:
<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
Homee, Inc.	Delaware	Corporation

**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).

FOUR	<u>ATH:</u> Please check one of the	boxes that ap	ply to surviving e	ntity: (if applicable	<b>(</b> )				
<b>.</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.								
Ø	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:  3225 South Macdill Avenue, Suite 129-270								
	Tampa Bay, FL 33629								
SIXTI days at	1006 and 605.1061-605.1072,  L: If other than the date of filing there the date this document is fill the date inserted in this block document's effective date on the	ng, the delaye led by the Flo	orida Department of	of State:					
		•	t of State 3 lection.	·					
	NTH: Signature(s) for Each P	апу:			Typed or Printed				
	of Entity/Organization:		Signature(s);	~ <b>/</b>	Name of Individual				
Homee	, LLC			<u> </u>	Douglas Schaedle	er			
Homee	, Inc.	<del></del>		Jh_	Douglas Schaedle	er			
Corpor	rations:	Chairman	, Vice Chairman, I	President or Office	r				
(If no direc				nature of incorpor					
				er or authorized pe	rson				
	la Limited Partnerships:  Signatures of all general partners  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 Corp	ooration:	\$35.00			
	For each Limited Partnership		\$52.50	For each Gen	eral Partnership:	\$25.00			
	For each Other Business Entire	ty:	\$25.00	Certified Co	oy (optional):	\$30.00			