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| (Re                                     | questor's Name)   |             |  |  |  |
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| PICK-UP                                 | MAIT              | MAIL        |  |  |  |
| (Bu                                     | siness Entity Nar | me)         |  |  |  |
| (Document Number)                       |                   |             |  |  |  |
| Certified Copies                        | _ Certificates    | s of Status |  |  |  |
| Special Instructions to Filing Officer. |                   |             |  |  |  |
|   |                   |             |  |  |  |
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Office Use Only



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2819 DEC 19 AM 11: 04

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C. GOLDEN DEC 2 0 2019

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 107674 5052101

AUTHORIZATION : Spelle &

COST LIMIT : \$ 50.00

ORDER DATE : December 18, 2019

ORDER TIME : 9:59 AM

ORDER NO. : 107674-010

CUSTOMER NO: 5052101

\_\_\_\_\_\_

#### ARTICLES OF MERGER

FDGS PARTNER, LLC

INTO

FIRST DATA MERCHANT SERVICES LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Kadesha Roberson

EXAMINER'S INITIALS:

## **COVER LETTER**

TO:

Amendment Section
Division of Corporations

SUBJECT: First Data Merchant 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:

| Gretchen Herron     |  |  |  |  |
|---------------------|--|--|--|--|
| Contact Person      |  |  |  |  |
| Fiserv              |  |  |  |  |
| Firm/Company        |  |  |  |  |
| 6855 Pacific Street |  |  |  |  |
| Address             |  |  |  |  |
| Omaha, NE 68106     |  |  |  |  |
|                     |  |  |  |  |

City, State and Zip Code

## gretchen.herron@fiserv.com

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

For further information concerning this matter, please call:

Gretchen Herron

...402

\951-7010

Name of Contact Person

Area Code

Davtime 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 (2/14)

## Articles of Merger For Florida Limited Liability Company

2219 070 19 AMI

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

FORM/Entity Type

Imited liability company

SECOND: The exact name, form/entity type, and jurisdiction of the surviving party are as follows:

Name

Jurisdiction

Form/Entity Type

Imited liability Type

First Data Merchant Services LLC

Florida

Form/Entity Type

Imited 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 b  | poxes that appl | y to surviving en  | itity: (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 that does not have a certificate of authority to transact business in the mailing address to which the department may send any process served pursuant to s. 605.0117 and Florida Statutes is: |                 |                    |   |                         |  |  |  |  |
|                   | I: This entity agrees to pay any 1006 and 605.1061-605.1072, 1   |                 | appraisal rights   | the amount, to which members                  | are entitled under      |  |  |  |  |
|                   |  |                 |                    | the merger, which cannot be pr                | ior to nor more than 90 |  |  |  |  |
| -                 | ter the date this document is fil  | ed by the Flori | da Department o    | of State:                                     |                         |  |  |  |  |
| Decem             | ber 31, 2019   |                 |                    |   |                         |  |  |  |  |
| as the            | If the date inserted in this block document's effective date on the NTH: Signature(s) for Each Page 1  | e Department o  |                    |   |                         |  |  |  |  |
| Name (            | of Entity/Organization:  | S               | Signature(s):      | Typed o Name of Ir                            | r Printed<br>ndividual: |  |  |  |  |
| FDGS Partner, LLC |  |                 | Thul               | V /   | n Herron, VP            |  |  |  |  |
| First Da          | ata Merchant Services LLC  |                 | Mus                | Gretche:                                      | n Herron, VP            |  |  |  |  |
|                   |  |                 |                    |   |                         |  |  |  |  |
| Corpor            | rations:   | (If no direct   | tors selected, sig | President or Officer nature of incorporator.) |                         |  |  |  |  |
|                   | d partnerships:  | -               |                    | er or authorized person                       |                         |  |  |  |  |
|                   | a Limited Partnerships: Signatures of all general partners   |                 |                    |   |                         |  |  |  |  |
|                   | on-Florida Limited Partnerships: Signature of a general partner imited Liability Companies: Signature of an authorized person  |                 |                    |   |                         |  |  |  |  |
| Limit             | и глаонну сопірапіся.  | Signature 0     | i an aumonized p   | erson   |                         |  |  |  |  |
| Fees:             | For each Limited Liability Co  | mpany:          | \$25.00            | For each Corporation:                         | \$35.00                 |  |  |  |  |
|                   | For each Limited Partnership:  | -               | \$52.50            | For each General Partnersh                    |                         |  |  |  |  |
|                   | For each Other Business Entit  | y:              | \$25.00            | Certified Copy (optional)                     | \$30.00                 |  |  |  |  |