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(((H160000057263)))



H160000057283ABC

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 : (561)694-1639 Fax Number

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MERGER OR SHARE EXCHANGE NEW CLAIM DOC, LLC

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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.

<u>PIRST:</u> The exact name, form/entity type, and jurisdiction for each <u>merging</u> party are as follows:

Name	Jurisdiction	Form/Entity Type
Claim Doc, LLC	Florida	LLC
New Claim Doc, LUC	Florida	rrc
SECOND: The exact name, form/entity type	, and jurisdiction of the su	viving party are as follows:
Name	<u>Jurisdiction</u>	Form/Entity Type
New Claim Doc, LLC	Florida	LLC

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).

OUR	TH: Please check one of the bo	exes that apply	to surviving en	tity: (if applicable)				
2	This entity exists before the me are attached.	erger and is a d	omestic filing e	ntity, the amendment,	if any to its public o	rganic record		
5	This ontity is created by the mo	nger and is a d	lomestic filing e	ntity, the public organ	ic record is attached	•		
3	This entity is created by the merger and is a domestic limited flability limited partnership or a domestic limited liability partnership, its statement of qualification is attached.							
o	This entity is a foreign entity to mailing address to which the d Florida Statutes is:	hat does not he epartment may	ivo a certificate o y send any proce	of authority to transac ss served pursuant to	t dusiness in this sus s. 605.0117 and Che	te. The pter 48,		
	4: This entity agrees to pay any		appraisal rights	the amount, to which	members are entitle	d under		
	He if other than the date of filin feer the date this document is fil				nnot be prior to no	more than 90		
	, ,							
as the	If the date inserted in this block document's effective date on the	c Department	t the applicable of State's record	statutory filing requires.	emonts, this date wil	l not be listed		
	INTH; Signature(s) for Each Pi	-			Typed or Printed			
	of Entity/Organization:		Signature(s):		Name of Individual:			
Claim	Doe, LLC	·	Gen 5	cambell	Ben Krambeck			
New	Claim Doc, LLC	_ 	Ben	cambell Translete	Ban Krambeck			
		·						
Corpe	orations:	Chairman,	Vice Chairman,	President or Officer				
Gene	(If no directors selected, signature of incorporator General partnerships: Signature of a general partner of authorized person							
	Fiorida Limited Partnerships: Signatures of all general partners							
	Florida Limited Partnerships: ed Liability Companies:	Signature o	of a general partn of an authorized ;	person ler				
Fees:	Por each Limited Liability Co	ompany:	\$25,00	For each Corpor	ation:	\$35.00		
-,	For each Limited Partnership	:	\$52,50	For each Genera	J Partnership:	\$25.80		
	For each Other Business Enti	ty:	\$25.00	Certified Copy	(optional):	\$30.00		