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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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Exax. 09.30-10

DEPARTMENT OF SIGN

Mergen

SEP 0 9 2016 D CONNELL CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230; Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 283415 7100061

AUTHORIZATION

COST LIMIT : \$ 275 00

ORDER DATE : September 7, 2016

ORDER TIME : 9:12 AM

ORDER NO. : 283415-005

CUSTOMER NO: 7100061

ARTICLES OF MERGER

DISCOVERY AG CY EMPLOYER LLC DISCOVERY AG TB EMPLOYER LLC DISCOVERY AG PM EMPLOYER LLC

INTO

DISCOVERY FLORIDA EMPLOYER LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS:

COVER LETTER

TO:	Amendment Section Division of Corporations			
CHDIE	DISCOVERY FLORIDA EMPLO	YER LLC		
SOBJE	UBJECT: Name of Surviving Party			
The end	closed Certificate of Merger and fee(s)) are submit	ted for filing.	
Please	return all correspondence concerning t	this matter to	o:	
AMY D	DEAN			
• • • • • • • • • • • • • • • • • • • •	Contact Person	***		
MELTZ	ZER, PURTILL & STELLE LLC			
	Firm/Company			
1515 E.	. WOODFIELD RD., SUITE 250			
	Address			
SCHAU	UMBURG, IL 60173			
	City, State and Zip C	ode	<u>-</u>	
ADEA	N@MPSLAW.COM			
	E-mail address: (to be used for future	annual repo	rt notification)	_
For fur	ther information concerning this matte	er, please cal	11:	
		at ()	Daytime Telephone Number
	Name of Contact Person		Area Code	Daytime Telephone Number
G	Certified copy (optional) \$30.00			
	ET ADDRESS:		MAILING AD	
	Iment Section		Amendment Se	
	on of Corporations		Division of Cor	
	Building Executive Center Circle		P. O. Box 6327 Tallahassee, FL	
	assee, FL 32301		i alialiassee, FL	. 32314

CR2E080 (2/14)

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>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
See Exhibit "A" attached hereto		
SECOND: The exact name, form/entit	y type, and jurisdiction of the <u>sur</u>	viving party are as follows:
		Form/Entity Type LLC L16-70606
Name .	<u>Jurisdiction</u>	TOTHIT LITTLY TYPE

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).

16 SEP -9 THICHE

FOUR	Please check one of the	boxes that app	by to surviving er	itity: (if applicable)	
7	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.				
3	This entity is a foreign entity that does not have a certificate of authority to transact business in this 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,		h appraisal rights	the amount, to which members are ent	itled under
days a Septen	fter the date this document is finber 30, 2016 If the date inserted in this bloc	led by the Flo	rida Department of	statutory filing requirements, this date v	
	document's effective date on the	-	of State's records	3.	
	NTH: Signature(s) for Each P			Typed or Printe	
	of Entity/Organization: hibit "A" attached hereto		Signature(s):	Name of Individu	al:
	mon A attached hereto				
Corpo	rations:	Chairman,	Vice Chairman,	President or Officer	
•		(If no dire	ctors selected, sig	nature of incorporator.)	
	neral partnerships: Signature of a general partner or authorized person rida Limited Partnerships: Signatures of all general partners				
		of a general partn			
Limite	d Liability Companies:		of an authorized p		
Fees:	For each Limited Liability Co	ompany:	\$25.00	For each Corporation:	\$35.00
	For each Limited Partnership	:	\$52.50	For each General Partnership:	\$25.00
	For each Other Business Enti	ty:	\$25.00	Certified Copy (optional):	\$30.00

Exhibit A

ARTICLE FIRST:

<u>NAME</u>	<u>JURISDICTION</u>	FORM/ENTITY TYPE
Discovery AG CY Employer LLC	Florida	LLC L09-35956V
Discovery AG TB Employer LLC	Florida	LLC 409.35963V
Discovery AG PM Employer LLC Discovery Palm Beach Employer LLC	Florida Florida	LLC L09-35959/
Discovery Sarasota Employer LLC	Florida	LLC 416-33612 V
Discovery AG PP Employer LLC	Florida	
Discovery AG PC Employer LLC	Florida	
Discovery AG SCCN Employer LLC Discovery Forum Employer LLC	Florida	
Discovery Naples Employer LLC	Florida Delaware	LLC L15-20692V LLC M15-5066V
		7 7006

ARTICLE SEVENTH:		
NAME OF ENTITY	SIGNATURE	PRINTED NAME
Discovery AG CY Employer LLC	CALVO.	Richard Hutchinson
Discovery AG TB Employer LLC		_Richard Hutchinson
Discovery AG PM Employer LLC	AD OLD	_Richard Hutchinson
Discovery Palm Beach Employer LLC	CAND	_Richard Hutchinson
Discovery Sarasota Employer LLC	COM DO	Richard Hutchinson
Discovery AG PP Employer LLC		_Richard Hutchinson
Discovery AG PC Employer LLC		Richard Hutchinson
Discovery AG SCCN Employer LLC		Richard Hutchinson
Discovery Forum Employer LLC		Richard Hutchinson
Discovery Naples Employer LLC	THE CONTRACT OF THE CONTRACT O	_Richard Hutchinson