

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300306996043

12/27/17--01015--020 \*\*30.00

THE DE

JAN 2 6 2018 T. LEMIEUX Mila

## COVER LETTER

TO: Amendment Section . Division of Corporations		
SUBJECT: A Touch of Beau	ty by Eijzanne of Surviving Pa	eabeth_
The enclosed Certificate of Merger and fee(s) are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to:	
Elizabeth Johnson Contact Person		
A Touch of Beauty by Firm/Company / 17497 SE 84th Foxgrove	Elizabet	
17497 SE 84th Foxgrove	e Are	
The Villages Fl. Gity, State and Zip Code		
beautybyelizabeth 1006 E-mail address: (to be used for future animal	report notification)	1.
For further information concerning this matter, pleas		
Elizabeth Johnson at (	( <u>352</u> ) <u>80</u> Area Code	Daytime Telephone Numbe
Certified copy (optional) \$30.00	rica code	isayime relephone ivanioe
STREET ADDRESS: Amendment Section Division of Corporations	MAILING AI Amendment So Division of Co	ction
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	P. O. Box 6327 Tallahassee, Fl	1

CR2E080 (2/14)



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 28, 2017

5**¢**n ELIZABETH JOHNS<del>ON</del> 17497 SE 84 FOXGROVE AVE THE VILLAGES, FL

SUBJECT: A TOUCH OF BEAUTY BY ELIZABETH LLC

Ref. Number: L16000088139

We have received your document for A TOUCH OF BEAUTY BY ELIZABETH LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please give the LLC on the end of the name. Also give the jurisdiction/the state.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 917A00026302



## 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.

**FIRST:** The exact name, form/entity type, and jurisdiction for each merging party are as follows: Name Jurisdiction Form/Entity Type Bonita I Hair LLC Horida **SECOND:** The exact name, form/entity type, and jurisdiction of the surviving party are as follows: Name Form/Entity 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 The one that I'm Keeping is A Touch of Beauty

Elizabeth. Thank you so much for your help

Tracy! 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 bo	oxes that apply to surviving en	ty: (if applicable)		
	This entity exists before the me are attached.	rger and is a domestic filing e	tity, the amendment, if any to its publ	ic organic record	
	This entity is created by the me	rger and is a domestic filing e	nity, the public organic record is attach	ned.	
	This entity is created by the merger and is a domestic limited lability limited partnership or a domestic limited liability partnership, its statement of qualification is attached.				
<b>a</b>	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 4 Florida Statutes is:				
	1: This entity agrees to pay any n 1006 and 605.1061-605.1072, F.		the amount, to which members are enti	tled under	
	1: If other than the date of filing her the date this document is filed		the merger, which cannot be prior to no f State:	or more than 90	
	If the date inserted in this block locument's effective date on the		tatutory filing requirements, this date w	vill not be listed	
SEVE:	NTH: Signature(s) for Each Par	ty:	Typed or Printe	d	
Name 6	of Entity/Organization:	Signature(s):	Name of Individua		
A T	anch of Beauty by	Edeally	moca Elizabeth	<u>Johnsen</u>	
Bon	ita I Hair	Edwalt )	phoon lizabet	h Johnsen	
Corpor	ations:	Chairman, Vice Chairman, I			
Genera	d partnerships:	(If no directors selected, sign Signature of a general partne			
Florida	Limited Partnerships:	Signatures of all general par	ners		
	orida Limited Partnerships: d Liability Companies:	Signature of a general partner Signature of an authorized p			
Fees:	For each Limited Liability Con	npany: \$25.00	For each Corporation:	\$35.00	
	For each Limited Partnership: For each Other Business Entity	\$52.50 : \$25.00	For each General Partnership: Certified Copy (optional):	\$25.00 \$30.00	
	. J. Guen Caner Dusiness Elling	. 245.00	Contract Coperation.	₩.V.V.V	