L1600160257

(Damas Andre Manna)							
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Dushless Ellity Name)							
(Danish Nise Inc.)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





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COVER LETTER

10:	Amendment Section Division of Corporations							
SURI	ECT: Z MAALI FAMILY HOLDINGS I	LLC						
50150	Name of Surviving Party							
The cr	nclosed Certificate of Merger and fee(s) are submit	ted for filing.					
Please	return all correspondence concerning	this matter t	o:					
MIRTI	HA VALDES MARTIN CPA							
	Contact Person							
MIRT	HA VALDES MARTIN CPA							
	Firm/Company							
420 S	COUNTRY CLUB ROAD							
	Address							
LAKE	MARY, FL 32746							
	City, State and Zip C	ode						
mvmc	pa@juno.com							
	E-mail address: (to be used for future	annual repo	ort notification)	<u></u>				
٠ ۳								
For fu	orther information concerning this matte	er, please ca	ll:					
MIRT	HA VALDES MARTIN CPA	at (321-35	54				
	Name of Contact Person		Area Code	Daytime Telephone Number				
0	Certified copy (optional) \$30.00							
STREET ADDRESS:		MAILING ADDRESS:						
Amendment Section			Amendment Se					
	on of Corporations		Division of Cor					
	n Building		P. O. Box 6327					
	Executive Center Circle		Tallahassee, FL	. 32314				
танан	assee, FL 32301							

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.

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							
DENTIST ON CALL LLC	FLORIDA	LLC. Doc # L11000012654							
Z MAALI FAMILY HOLDINGS LLC	FLORIDA	LLC. Doc # L16000160257							
SECOND: The exact name, form/entity type, and jurisdiction of the surviving party are as follows:									
<u>Name</u>	Jurisdiction	Form/Entity Type							
Z MAALI FAMILY HOLDINGS LLC	FLORIDA	LLC. Doc # L16000160257							

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).

1 of 3



FOUR	TH: Please check one of the t	poxes that apply	y to surviving ci	itity: (if applicable)				
Ø	This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic recorder attached.							
	This entity is created by the merger and is a domestic filing entity, the public organic record is attached.							
0	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.							
0	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:							
	1: This entity agrees to pay any .1006 and 605.1061-605.1072,		appraisal rights	the amount, to which members are ent	titled under			
days a	4: If other than the date of filin fier the date this document is fil BER 5, 2016	•		the merger, which cannot be prior to r	nor more than 90			
	If the date inserted in this block document's effective date on the			statutory filing requirements, this date	will not be listed			
SEVE	NTH: Signature(s) for Each Pa	ırty:		Typed or Printe	ed			
Name of Entity/Organization:			ignature(s)	Name of Individu				
DENT	IST OF CALL LLC		Affe	ZIYAD MAAL	I.			
Z MA	ALI FAMILY HOLDINGS LLC		WX	ZIYAD MAAL	.I			
Corpo	rations:	-		President or Officer nature of incorporator.)				
Genera	al partnerships:		er or authorized person					
Florida	a Limited Partnerships:	Signatures of	res of all general partners					
	lorida Limited Partnerships: d Liability Companies:		`a general partn `an authorized p					
Fees:	For each Limited Liability Co	mpany:	\$25.00	For each Corporation:	\$35.00			
	For each Limited Partnership:		\$52.50	For each General Partnership:	\$25.00			
	For each Other Business Entit	y:	\$25.00	Certified Copy (optional):	\$30.00			