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FILED

18 MAY 16 PH 3: 01

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MORGER. WHITE
MAY 1 7 2018

COVER LETTER

Division of Corporations

P. O. Box 6327 Tallahassee, FL 32314 **4**

TO: Amendment Section Division of Corporations			
SUBJECT: Watkins Fact and A	table Clinic, LLC		
Na	me of Surviving Party'		
The enclosed Certificate of Merger and fee(s) are sub-	mitted for filing.		
Please return all correspondence concerning this matt	er to:		
Chad Watkins Tool Contact Person Watkins Foot and Anthe Charles Firm/Company).P.M.		
Contact Person			
Watkins Foot and Anthe Cl	hie LLC		
Firm/Company	,		
914 E. Dixie Ave.			
Address			
194 E. Dixie Ave. Address Leesby Fl. 34748 City. State and Zip Code			
City, State and Zip Code			
Watkins 207@ Comcast net			
E-mail address: (to be used for future annual r	eport notification)		
For further information concerning this matter, please	call:		
Chad Watkins	352 , 805-4317		
Name of Contact Person	Area Code Daytime Telephone Numbe		
☐ Certified copy (optional) \$30.00			
STREET ADDRESS:	MAILING ADDRESS:		
Amendment Section	Amendment Section		

CR2E080 (2/14)

Division of Corporations

Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301

Articles of Merger FILED For Florida Limited Liability Company 16 PM 3: 08

SECME MALY DE STATE TALLAHAS EL FLORIDA

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 605.1025, Florida Statutes.

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).

	RTH: Please check one of the	boxes that appl	y to surviving er	ntity: (if applicable)					
P	This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.								
a	This entity is created by the merger and is a domestic filing entity, the public organic record is attached.								
a		ity is created by the merger and is a domestic limited liability limited partnership or a domestic limited 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 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 entit	led under			
	H: If other than the date of filinfter the date this document is fi				nnot be prior to no	r more than 90			
as the	If the date inserted in this bloc document's effective date on the NTH: Signature(s) for Each P	ne Department o			ments, this date w	ill not be listed			
	of Entity/Organization:	•	Signature(s):		Typed or Printed Name of Individua	 -			
	TS Medical Enterpriz		• . ,		Natalie 1				
Weit	Kins Factand Arthe	Chicuc	(Til	- Hon	Chad Work				
									
Согрог	rations:		•	President or Officer					
Genera	al partnerships:	-	***	nature of incorporator er or authorized person					
	eneral partnerships: Signature of a general partner or authorized person Signatures of all general partners								
	on-Florida Limited Partnerships: Signature of a general partner								
Limite	d Liability Companies:	Signature of	f an authorized p	erson					
Fees:	For each Limited Liability Co		\$25.00	For each Corpora		\$35.00			
	For each Limited Partnership:		\$52.50	For each General		\$25.00			
	For each Other Business Entire	ty:	\$25.00	Certified Copy (optional):	\$30.00			