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| (Requestor's Name) |
|---|
| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer |
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 278956 4305026

AUTHORIZATION : Transcens

COST LIMIT : \$ 85.00

ORDER DATE : June 27, 2018

ORDER TIME : 9:21 AM

ORDER NO. : 278956-010

CUSTOMER NO: 4305026

ARTICLES OF MERGER

SCWORX, LLC

INTO

SCWORX ACQUISITION CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS:

COVER LETTER

| TO: Amendment Section Division of Corporations | |
|--|---|
| SUBJECT: SCWorx Acquisition Corp. | |
| SUBJECT. | Name of Surviving Party |
| The enclosed Certificate of Merger and fe | ee(s) are submitted for filing. |
| Please return all correspondence concern | ing this matter to: |
| Ron Ben-Bassat | |
| Contact Person | |
| Zysman, Aharoni, Gayer & Co and Sullivan and | Worcester LLP |
| Firm/Company | |
| 1633 Broadway | |
| Address | |
| New York, NY 10019 | |
| City, State and Zip Code | |
| rbenbassat@zag-sw.com | |
| E-mail address: (to be used for future ann | ual report notification) |
| | |
| For further information concerning this n | natter, please call: |
| Ron Ben-Bassat | at (212) 660-5003 |
| Name of Contact Person | Area Code Daytime Telephone Number |
| Certified copy (optional) \$30.00 | |
| STREET ADDRESS: | MAILING ADDRESS: |
| Amendment Section | Amendment Section |
| Division of Corporations | Division of Corporations |
| Clifton Building | P. O. Box 6327 Tallahassee, FL 32314 |
| 2661 Executive Center Circle Tallahassee, FL 32301 | Tananassee, 115-32314 |

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.

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 | 11/ 01/ |
|------------------------------|---------------------------------------|------------------------------------|-------------|
| SCWorx, LLC | Florida | Limited Liability Company | L16-211:127 |
| SCWorx Acquisition Corp. | Delaware | Corporation | _ |
| | | | |
| | | | |
| SECOND: The exact name, form | n/entity type, and jurisdiction of th | ne surviving party are as follows: | |
| Name | Jurisdiction | Form/Entity Type | |
| SCWorx Acquisition Corp. | Delaware | Corporation | |

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).

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1 of 3

| <u>FOU</u> | RTH: Please check one of th | ie boxes that a | apply to surviv | ing entity: (if application | able) | |
|--------------------------|---|---|-------------------------------|--|---------------------|-------------------------------|
| | This entity exists before the organic record are attached. | _ | s a domestic fil | ing entity, the amen | dment, if any to it | ts public |
| | 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 limited liability partnership, | | | | d partnership or a | domestic |
| \boxtimes | This entity is a foreign entity state. The mailing address 605.0117 and Chapter 48, F | to which the | department ma | • | | |
| | 980 N. Federal Hwy, Suite 304 | | | | | |
| | Boca Raton, FL 33432 | | | | | |
| more i | H: If other than the date of fithan 90 days after the date this CNTH: Signature(s) for Each of Entity/Organization: | s document is | | | | |
| | rx Acquisition Corp. | ı | MAK. | | Lawrence Sands | |
| SCWo | rx, LLC | | | | Marc S. Schessel | |
| SCWo | rx, LLC | | | | Mark E. Munro | |
| Gener Florid Non-F | rations: al partnerships: a Limited Partnerships: Torida Limited Partnerships: ed Liability Companies: | (If no director Signature o Signatures o Signature o | s selected, signati | ner | | |
| Fees: | For each Limited Liability C For each Limited Partnership For each Other Business Ent | o: | \$25.00 \$52.50 \$25.00 | For each Corpor For each Genera Certified Copy | l Partnership: | \$35.00 \$25.00 \$30.00 |

: .

| <u>FOU</u> | RTH: Please check one of the | e boxes tha | at apply to survivi | ng entity: (if applica | ible) | |
|------------------|---|-------------------------------------|---|--|--|-------------------------------|
| | This entity exists before the organic record are attached. | merger and | d is a domestic fili | ng entity, the amend | Iment, if any to its | public |
| | This entity is created by the | merger and | l is a domestic fili | ng entity, the public | organic record is | attached. |
| | This entity is created by the limited liability partnership, | | | | l partnership or a d | lomestic |
| \boxtimes | This entity is a foreign entity state. The mailing address 605.0117 and Chapter 48. F | to which th | ne department may | ate of authority to try send any process s | ransact business in erved pursuant to | this s. |
| | 980 N. Federal Hwy, Suite 304 | | | | | |
| | Boca Raton, FL 33432 | | | | | |
| more t | H: If other than the date of fi than 90 days after the date this | s document | layed effective da is filed by the Flo | te of the merger, whorida Department of | sich cannot be prio | r to nor |
| Name | of Entity/Organization: | | Signature(s): | | Typed or Printed Name of Individu | |
| SCWo | rx Acquisition Corp. | | 1 1 | 2 | Lawrence Sands | |
| SCWo | rx, LLC | | 1/12 | | Marc S. Schessel | - |
| SCWor | rx, LLC | | | | Mark E. Munro | |
| Corpo | rations: | | | President or Officer | · | |
| Florida Non-F | al partnerships: a Limited Partnerships: lorida Limited Partnerships: d Liability Companies: | Signature Signature Signature | tors selected, signature of a general partres of all general partres of a general partre of an authorized | ner or authorized per intners ner | rson | |
| Fees: | For each Limited Liability C For each Limited Partnership For each Other Business Ent |): | \$25.00 \$52.50 \$25.00 | For each Corpora For each General Certified Copy (| Partnership: | \$35.00 \$25.00 \$30.00 |

| <u>FOU</u> | RTH: Please check one of the | boxes that ap | ply to surviving | g entity: (if applica | ble) | | | |
|---------------------------|--|--|--|---------------------------------------|---|--------------------|--|--|
| | This entity exists before the morganic record are attached. | nerger and is: | a domestic filin | g entity, the amend | lment, if any to its [| public | | |
| | This entity is created by the n | nerger and is: | a domestic filin | g entity, the public | organic record is a | ttached. | | |
| | This entity is created by the n limited liability paranership, it | nerger and is is statement c | a domestic limi of qualification | ted liability limited is attached. | i partnership or a do | omestic | | |
| \boxtimes | 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: | | | | | | | |
| | 980 N. Federal Hwy, Suite 304 | | | | | | | |
| | Boga Raton, FL 53432 | | | | | | | |
| | | | | | | | | |
| SEV Nam | TH: If other than the date of file than 90 days after the date this TENTH: Signature(s) for Each see of Entity Organization: | Party: | red effective da filed by the He gnature(s); | ie of the mergor, worlda Department o | high cannot be prior if State: Typed or Printed Name of Individ Lawrence Sands | <u> </u> | | |
| | Serv. LLC | | | | Marc S. Schessel | | | |
| | forx, LLC | / | Vaili E VI | uni | Mark F. Munto | | | |
| Gen Flor Non Lim | oorations. eral partnerships: ida Limited Partnerships: -Florida Limited Partnerships: ited Liability Companies: | oft no director Signature o Signatures Signature o Signature o | s selected, signati | ner | , person | \$35,06 | | |
| ree | For each Limited Liability C For each Limited Pattnershi For each Other Business En | p: | \$52.50 \$25.00 | | ral Parinership: | \$25.00 \$30,00 | | |