

L16 000 227 983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

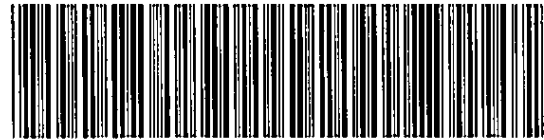
(Document Number)

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04/08/19--01015--006 **25.00

06/19/19--01014--001 **25.00

FILED
19 JUN 18 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 19 2019
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2019

JOHN D YOUNG
PRIMORDIA HEALTH LLC
8805 TAMiami TRAIL NORTH STE 372
NAPLES, FL 34108

SUBJECT: PRIMORDIA HEALTH LLC
Ref. Number: L16000227983

We have received your document for PRIMORDIA HEALTH LLC and check(s) totaling \$25.00. However, the document has not been filed and is being returned for the following reason(s):

There is a balance due of \$25.00. Please return a copy of this letter to ensure your money is properly credited.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 519A00007614

Primordia Health LLC
8805 Tamiami Trail North Suite 372
Naples, FL 34108

June 10, 2019

Attn: Ms. Shelia H Young
Regulatory Specialist II

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

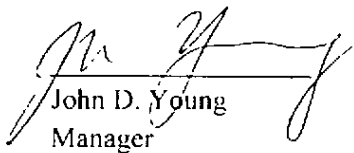
Dear Ms. Young:

Ref: Primordia Health LLC Doc. Number: L16000227983

With reference to your letter dated April 15, 2019, we are attaching a check of \$25, along with a copy of your letter and the Articles of Merger.

Your help to complete the filing of merger is appreciated.

Sincerely,


John D. Young
Manager

Encl: (1) Check No. 209
(2) Your letter
(3) Articles of Merger

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PRIMORDIA HEALTH LLC

Name of Surviving Party

The enclosed Certificate of Merger and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JOHN D. YOUNG

Contact Person

PRIMORDIA HEALTH LLC

Firm/Company

8805 Tamiami Trail North Suite 372

Address

Naples, FL 34108

City, State and Zip Code

HTWANG108@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT WANG

at (973) 609-0168

Name of Contact Person

Area Code

Daytime Telephone Number

☐ Certified copy (optional) \$30.00

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**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>	<u>Form/Entity Type</u>
PRIMORDIA HEALTH LLC	DELAWARE	LLC
PRIMORDIA HEALTH LLC	FLORIDA	LLC

SECOND: The exact name, form/entity type, and jurisdiction of the surviving party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
PRIMORDIA HEALTH LLC	FLORIDA	LLC

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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FOURTH: Please check one of the boxes that apply to surviving entity: (if applicable)

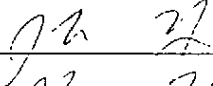
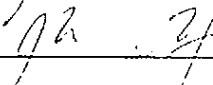
- ☒ This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.
- ☐ This entity is created by the merger and is a domestic filing entity, the public organic record is attached.
- ☐ This entity is created by the merger and is a domestic limited liability limited partnership or a domestic limited liability partnership, its statement of qualification is attached.
- ☐ 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:

FIFTH: This entity agrees to pay any members with appraisal rights the amount, to which members are entitled under ss.605.1006 and 605.1061-605.1072, F.S.

SIXTH: If other than the date of filing, the delayed effective date of the merger, which cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State:

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

SEVENTH: Signature(s) for Each Party:

Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:
PRIMORDIA HEALTH LLC/DE LLC		JOHN D. YOUNG
PRIMORDIA HEALTH LLC/FL LLC		JOHN D. YOUNG

Corporations:	Chairman, Vice Chairman, President or Officer (If no directors selected, signature of incorporator.)
General partnerships:	Signature of a general partner or authorized person
Florida Limited Partnerships:	Signatures of all general partners
Non-Florida Limited Partnerships:	Signature of a general partner
Limited Liability Companies:	Signature of an authorized person

Fees:	For each Limited Liability Company:	\$25.00	For each Corporation:	\$35.00
	For each Limited Partnership:	\$52.50	For each General Partnership:	\$25.00
	For each Other Business Entity:	\$25.00	Certified Copy (optional):	\$30.00