Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone

: (800)345-4647

Fax Number : (800) 432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please [

Email Address:	mail	Address	:
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MERGER OR SHARE EXCHANGE CHIRO CEO, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$62/50

The fee should be \$85.00. 25.00 per entity, plus \$30.00 cert copy and \$5.00 good standing

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 17 2017

T. LEMIEUX

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.

<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
Chiro CEO, LLC	Tennessee	Limited liability company
Manay, a ,		

SECOND: The exact name, for	rm/entity type, and jurisdiction of the sur	rviving party are as follows:
	Tamin di adi an	Form/Entity Type
Name	<u>Jurisdiction</u>	POLIDE EDUCY TAPE

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

TOTAL A 10:53
SECRETARY OF STATE

<u>FOUR</u>	ITH: Please check one of the	boxes that app	y to surviving a	ntity: (if applicable)					
Ø	This entity exists before the are attached.	merger and is a	domestic filing	entity, the amendment, it	any to its public	organic recon			
0	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 liability partnership, its statement of qualification is attached.								
0	This entity is a foreign entity mailing address to which the Florida Statutes is:	that does not he department ma	ave a certificate y send any proc	of authority to transact b ass served pursuant to s.	usiness in this st 605.0117 and Ch	ate. The napter 48,			
						<u> </u>			
FIFT:	I: This entity agrees to pay an 1006 and 605.1061-605.1072,	y members with	appraisal rights	the amount, to which ma	ambers are entitle	ed under			
	I: If other than the date of fili ther the date this document is f				x be prior to nor	more than 90			
Note:	If the date inserted in this bloc document's effective date on t	nk does not mee he Department o	t the applicable of State's record	statutory filing requireme	nts, this date wil	il not be listed			
SEVE	NTH: Signature(s) for Each P	erty:							
Name (of Entity/Organization:	S	ignature(s):		yped or Printed ne of Individual:	•			
	CBO, LLC (TN)	J	MI		Jordan S. Rubin ,				
Chiro C	CEO, LLC (FL)		Coll 1		Jordan S. Rubin	authorized officer			
····	·	/_							
Corpor	ations:	Chairman, V	/ice Chairman, l	President or Officer					
O	1			nature of incorporator.)					
General partnerships: Signature of a general partner or									
Florida Limited Partnerships: Signatures of all general partners Non-Florida Limited Partnerships: Signature of a general partner									
	l Liability Companies:		a general partic an authorized p						
Pees:	For each Limited Liability Co	ompany;	\$25.00	For each Corporatio	n:	\$35.00			
	For each Limited Partnership		\$52.50	For each General Pa		\$25.00			
	For each Other Business Enti		\$25.00	Certified Copy (on	-	\$30.00			