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(Re	questor's Name)		
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(Cit	ry/State/Zip/Phon	e #)	
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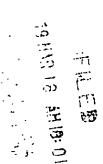


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S TALLENT MAR 25 2019



mergen



February 19, 2019

CARMEN SARDINAS, ESQ. CONTOURA INVESTMENTS 190 A1A NORTH PONTE VEDRA BEACH, FL 32082

SUBJECT: CONTOURA INVESTMENTS LLC

Ref. Number: L17000069675

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being\_returned to you for the following reason(s):

THE FEE FOR FILING A MERGER INVOLVING LLC'S IS \$25.00 PER PARTY. THERE IS AN ADDITIONAL \$25.00 DUE. PLEASE RESUBMIT THE FEE ALONG WITH THE DOCUMENT.

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.

Susan Tallent Regulatory Specialist II

Letter Number: 319A00003561



March 13, 2019

Ref Number: L17000069675

Florida Department of State:

Please find the additional check for \$25 you requested for the merger.

Please advise if you require anything further.

Sincefely,

Carmen Sardinas

Contoura Facial Plastic Surgery

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Ontoura	Investments LLC
Source:	Name of Surviving Party
The enclosed Certificate of Merger and fee(s) are so	ubmitted for filing.
Please return all correspondence concerning this ma	atter to:
Carmen Sardinas E Contact Person	<u>59.</u>
Contoura Investr	nents
190 AIA North	
Ponte Vedra Beach Fl City, State and Zip Code	35085
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter, pleased in a state of Contact Person	ase call:  ( 904 ) 686-8020  Area Code Daytime Telephone Number
☐ Certified copy (optional) \$30.00	
STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

CR2E080 (2/14)

Tallahassee, FL 32301

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## 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:

Name	<u>Jurisdiction</u>	Form/Entity Type
Paria Institute Ponte Vedra LLC	Florida	LLC L15000090542
Ponte Vedra LLC		
<del></del>		
SECOND: The exact name, form/entity type	, and jurisdiction of the surviving p	arty are as follows:
Name	<u>Jurisdiction</u>	Form/Entity Type
Name Contoura Investments 660	Florida	LLC L17000019675
660		

**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).



<b>FOUR</b>	TH: Please check one of the b	oxes that apply	to surviving er	ntity: (if applicable)					
K	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.								
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.								
٥	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:								
ss.605 SIXTI days a	11006 and 605.1061-605.1072. F  1: If other than the date of filing firer the date this document is file.  If the date inserted in this block	g, the delayed end by the Floric does not meet	effective date of la Department of the applicable s	statutory filing requirements, this date	or more than 90				
	document's effective date on the NTH: Signature(s) for Each Pa	•	i State's records	5.					
Name /	of Entity/Organization:  Ja Institute Pontel  Houra Investments	Si · ^	gnature(s):	Typed or Print Name of Individu ROLPAS (O ROLPAS (C		Молоди Молод			
Genera Florida Non-F	rations: al partnerships: a Limited Partnerships: lorida Limited Partnerships: d Liability Companies:  For each Limited Liability Cor For each Limited Partnership:	(If no director Signature of Signatures of Signature of Signature of	ors selected, sig	er	\$35.00 \$25.00				

\$25.00

Certified Copy (optional):

\$30.00

For each Other Business Entity: