## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Amendment Section

Division of Corporations

Fax Number : (850)617-6380

From:

Jennifer L. Williamson, Esq.

Account Name : CRARY, BUCHANAN, BOWDISH, ET AL

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

jlw@crarybuchanan.com மு Emai:12 Address :

## MERGER OR SHARE EXCHANGE

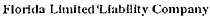
Assurance Healthcare Innovation, Inc.

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## Articles of Merger For



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		
Tradition FL Holdings, LLC	Florida	Limited Liability Company		
<del></del>				
·				
SECOND: The exact name, form/entity type,	and jurisdiction of the surviving pa	rty are as follows:		
Name	Jurisdiction	Form/Entity Type		
Assurance Healthcare Innovation, Inc.	Arizona	Corporation		

<u>THIRD:</u> 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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FOUR	(TII) Please check one of the	boxes that app	ply to surviving e	ntity: (it applied)	lej				
0	This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.								
۵	This entity is created by the merger and is a domestic tiling entity, the public organic record is attached.								
O	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.								
<b>a</b>	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:								
	11368 SW Glengarry Cu. Pert St. Lucie, Fl. 34987								
				***************************************					
<u>FIFTE</u> 88.605.	L: This entity agrees to pay any 3006 and 605,1061-605,1072.	members wit F.S.	h appraisal rights	the amount, to w	hich members are enti	tied under			
SIXTE days at	$\underline{\mathbf{L}}_{i}$ If other than the date of filing the date this document is fill	g, the delayer	l effective date et	The metger, which States	th cannot be prior to m	or more than 90			
11/04/2		•							
as the c	If the date inserted in this block locument's effective date on th NTH: Signature(s) for Each P:	e Department	et the applicable of State's record	statutory filing red					
Name of Entity/Organization:			Signature(s):		Typed or Printed Name of Individual:				
Assurance Healtheare Ingoverion, Inc.		The state of the s		Fleicher McCusker, CBQ					
Traditi	m 14. Holdings, 1.13.	· · · · · · · · · · · · · · · · · · ·	m. /		ль-Али Prisco, λ	Manager			
****************									
Corpor.	ations:	Chairman	Vice Chairman, I	President or Otific	ap.				
Genera Florida Nou-Fl	Lpartnerships: Limited Partnerships; orida Limited Partnerships; Lliability Companies;	(If no direc Signature ( Signature Signature c	ctors sciented, signs a general partial of all general partial a general partial a general partial an authorized p	n <i>anne of incorpo</i> is or authorized p incrs is	ration.)				
Fees:	For each Limited Clability Con For each Limited Parmership: For each Other Business Entity		\$25,00 \$52,50 \$25,00		peration: peral PartnerStip: px (optional).	\$35,00 \$25,00 \$30,00			