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To: Division of Corporations Fax Number : (950)617-6380 From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC. Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639 \*\*Enter the email address for this business entity to be used for future  $\sim$ annual report mailings. Enter only one email address please.\*\* Email Address: MERGER OR SHARE EXCHANGE MICHELSJCC LLC Certificate of Status Certified Copy 0

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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 Michelajec LLC	<u>Jurisdiction</u> Florida	Form/Entity Type LLC
Camori Investments LLC	Delaware	LLC
SECOND: The exact name, form/entit	y type, and jurisdiction of the <u>surv</u>	lying party are as follows:
Name Michelsjee LLC	Jurisdiction	Form/Entity Type
	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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FOL	JRTH: Please check one of	the boxes that apply to surviving entity: (If applicable)	
团	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.		
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.		
0	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:		
SLXT	H: If other than the date of fi	ling the delayed afficient and a six	
Note:	If the date inserted in this ble	ock does not work to the second state:	
as the (	document's effective date on	the Department of State's records.	
<u>SEVE</u>	NTH: Signature(s) for Each	Party:	
	of Entity/Organization:	Typed or Printed Name of Individual:	
	Investments LLC	Camila Michelsen	
	Investments LLC	Camila Micheisen	
		Cristina Michelsen	
Corpora	itions:	Chairman, Vice Chairman, President or Officer	
General	partnerships:	(If no directors selected, signature of incorporator.) Signature of a general partner or authorized person	
Non-Flo	Limited Partnerships: orida Limited Partnerships:	Signatures of all general partners Signature of a general partner	
Limited	Liability Companies:	Signature of a general partner Signature of an authorized parson	