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(((H20000442786 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.

Account Number : 076624003440 Phone : (305)444-6226 Fax Number : (305)442-4829

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

Email Address:____

MERGER OR SHARE EXCHANGE SIVEL-USA, LLC

والمنافظ وال	
Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$67.50

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COVER LETTER

TO:

Amendment Section

Division of Corporations

SUBJECT: _

SIVEL-USA, LLC

Name of Surviving Party

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

Please return all correspondence concerning this matter to:

LAURA KOHN

Contact Person

ARAZOZA & FERNANDEZ-FRAGA P.A.

Firm/Company

2100 SALZEDO ST, SUITE #300

Address

CORAL GABLES, FL 33134

City, State and Zip Code

LAURA@ARAZOZA.COM

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

For further information concerning this matter, please call:

LAURA KOHN

., 305

444-6226 EXT 233

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

CR2E080 (2/20)

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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:

<u>hirisdiction</u> FLORIDA	Form/Entity Type LIMITED LIABILITY COMPANY
FLORIDA	LIMITED LIABILITY COMPANY
LM-1895	15
ype, and jurisdiction of the surviv	
Jurisdiction FLORIDA	FORTE/ENTITY TYPE LIMITED LIABILITY COMPANY
	FLORIDA FLORIDA LIN-1895 ype, and jurisdiction of the surviv

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	RTH: Please check one of the							
	This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic recording are attached.							
	This entity is created by the merger and is a domestic filing entity, the public organic record is strached.							
	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 a 605.0117 and Chapter 48, Florida Statutes is:							
FIFT SS 601	H: This entity agrees to pay any 5,1006 and 605,1061-605,1072, I	members wid	h appraisal rights	the amount, to v	vhich membe	rs are entitled under 2020		
				Caka ——aar seshi	ch connot be	mont to not more than 90"		
SIXT	H: If other than the date of filing the date this document is file	g, the delayed ed by the Flor	ida Department (r use marger, will of State:	CI CAIIO, DO			
	EFFECTIVE DATE OF TH					29		
Note:	If the date inserted in this block document's effective date on the	does not mee	et the applicable of State's record	statutory filing re s.	quirements, 1	• •		
						02		
SEVE	NTH: Signature(s) for Each Pa	ity:		•	,	Typed or Printed		
Name	of Entity/Organization:	;	Signature(1)			Name of Individual:		
	EL-USA, LLC		M		J SYI	LVAIN BIGNON		
	L PROPERTIES, LLC		11.	11	7 MA	IDA BIGNON		
			M	1/	T SYI	LVAIN BIGNON		
•			1					
Corpo	rations:	Chairman,	Vice Chairman,	President or Offi	CET			
<u> </u>		(If no direc	1073 selectes, su if a ceneral saris	manare of incorp or or outhorized	ретвов			
Genera	General partnerships: Signature of a general partner or authorized person Signatures of all general partners Signatures of all general partners							
Non-F	orida I imited Partnerships: Signature of a general partner							
	d Liability Companies:	Signature o	f an authorized	person				
_		****	\$25,00	For each C	orporation:	\$35.00		
Fees:	For each Limited Liability Cor For each Limited Partnership:	opany:	\$23,00 \$52.50	For each G	eneral Parme	rship: \$25.00		
	For each Other Business Entity	y:	\$25.00	Certified (npy (option	<u>at)</u> : \$30.00		
	TOTAL PARTY	•						