## U17000359217

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(Re	questor's Name)	
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(	,	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Ru	siness Entity Nam	<u></u>
(80	Siness Littly Name	<i>c</i> ,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	





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## COVER LETTER

Division of Corporations		
SUBJECT: Endless Wellness LLC		
SUBJECT:	Name of Surviving Party	
The enclosed Certificate of Merger and fee(s)	) are submitted for filing.	
Please return all correspondence concerning the	this matter to:	
Catherine Spears		
Contact Person		
Endless Wellness LLC		
Firm/Company	<del></del>	
174 Watercolor Way, Suite 103-358		
Address		
Santa Rosa Beach, FL 32459		
City. State and Zip Co	ode	
endlesswellness@gmail.com		
E-mail address: (to be used for future a	annual report notification)	
For further information concerning this matter	•	
Catherine Spears	at (615 ) 525-5267	
Name of Contact Person	Area Code Daytime Telephone Number	
☐ Certified copy (optional) \$30.00		
STREET ADDRESS:	MAILING ADDRESS:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
Clifton Building	P. O. Box 6327	
2661 Executive Center Circle	Tallahassee, FL 32314	
Tallahassee, FL 32301		

CR2E080 (2/14)

## 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:

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<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
Endless Wellness LLC	Kentucky	LLC
Endless Wellness LLC	Florida	LLC
<del></del>	<del></del>	
SECOND: The exact name, form/entity	type, and jurisdiction of the sur	rviving party are as follows:
Name		
ivaine	<u>Jurisdiction</u>	Form/Entity Type
Endless Wellness LLC	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).

FOUR	ETH: Please check one of the b	oxes that apply to	surviving en	tity: (if applicable)						
<b>Ø</b>	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.									
•	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:									
SIXTI days at Note: as the o	4: This entity agrees to pay any a 1006 and 605.1061-605.1072. F  4: If other than the date of filing fier the date this document is file of the date inserted in this block document's effective date on the of Entity/Organization:	does not meet the Department of St	ctive date of Department o	the merger, which cannot f State: tatutory filing requirement.	be prior to nor n	nore than 90				
Endles	s Wellness LLC	(6	Muy	du c	atherine Spears	_				
Endles	s Wellness LLC		Ung	er c	atherine Spears					
Florida Non-Fl	rations: al partnerships: a Limited Partnerships: dorida Limited Partnerships: d Liability Companies:	(If no directors :	<i>selected, sign</i> eneral partne I general part eneral partne	r						
Fees:	For each Limited Liability Con For each Limited Partnership: For each Other Business Entity		\$25.00 \$52.50 \$25.00	For each Corporation For each General Part Certified Copy (opti	mership:	\$35.00 \$25.00 \$30.00				