

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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IVED	PM 4: 0	The State	To:	Division of Co.		2018				
RECE	18 MAY - 7	SECRETARY TALL AHASSE	From:		: CAPITOL SERVICES, INC. : 120160000017 : (800)345-4647 : (800)432-3622	FILED FILED				
	**E1	**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.* Email Address:								

MERGER OR SHARE EXCHANGE POLYAZIRIDINE FLORIDA LLC

FILE FIRST

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COVER LETTER

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Kim Tadlock 8004323622

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Articles of Merger For Florida Limited Liability Company

FILED

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SECHETARY OF STATE TALLAHASSEE, FLORIDA

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 hame, for inventity type, and jurisdiction for each intergring party are as follows.							
<u>Name</u>	Jurisdiction	Form/Entity Type					
PolyAziridine Limited Liability Company	New Jersey	Limited Liability Company					
							
							
···							
ECOND: The exact name, form/entity type, and jurisdiction of the surviving party are as follows:							
Name	Jurisdiction	Form/Entity Type					
PolyAziridine Florida LLC	Florida	Limited Liability Company					

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).

<u>FOUR</u>	TH: Please check one of the be	oxes that app	ply to surviving cn	hty: (if applicable)							
Ø	This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic reconstreattached.										
0	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.										
	mailing address to which the department may send any process served pursuant to s. 605.0117 and Chapter 48										
				-							
	<u>1:</u> This entity agrees to pay any 1 1006 and 605.1061-605.1072, F		th appraisal rights	the amount, to which members are enti	tled under						
	I: If other than the date of filing feet the date this document is file			the merger, which cannot be prior to n f State:	or more than 90						
	If the date inserted in this block document's effective date on the			batutory filing requirements, this date w	vill not be listed						
SEVE	NTH: Signature(s) for Each Par	ty:		Typed or Printe	d						
Name	of Entity/Organization:		Signature(s):	Name of Individua							
Poly/	Aziridine Limited Liability Co	ompany	Sub 137	Gerald V. D	eLaney ·						
Poly/	Aziridine Florida LLC			Gerald V. C	eLaney						
Согроз	rations:			resident or Offices nature of incorporator.)							
General partnerships: Signature of a general partner or authorized person											
	Limited Partnerships:	-	atures of all general partners								
	orida Limited Partnerships: d Liability Companies:		of a general partner of an authorized person								
Fees:	For each Limited Liability Con	прапу:	\$25.00	For each Corporation:	\$35.00						
	For each Limited Partnership:		\$52.50	For each General Partnership:	\$25.00						
	For each Other Business Entity	" ;	\$25.00	Certified Copy (optional):	\$30.00						