

# L1800019958

Kim Taddlock 0004323522

(02/05) 05/07/2016 03:22:20 PM

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : 12016000017  
Phone : (800) 345-4647  
Fax Number : (800) 432-3622

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 MAY - 7 PM 3: 50

FILED

\*\*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\*\*\*

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$50.00

\*\*\*FILE FIRST\*\*\*

\*\*\*\*FILE BEFORE THE NAME CHANGE AMENDMENT FOR  
POLYAZIRIDINE FLORIDA LLC\*\*\*\*\*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PolyAziridine Florida LLC  
Name of Surviving Party

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

Please return all correspondence concerning this matter to:

Colleen V. Monaghan  
Contact Person

Royer Cooper Cohen Braunfeld LLC  
Firm/Company

101 West Elm Street, Suite 400  
Address

Conshohocken PA 19428  
City, State and Zip Code

polyaziridine@outlook.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Colleen V. Monaghan at ( 484 ) 362-2623  
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 (2/14)

**Articles of Merger  
For  
Florida Limited Liability Company**

FILED

2018 MAY -7 PM 3:50

SECRETARY 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 name, form/entity type, and jurisdiction for each merging party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
<u>PolyAziridine Limited Liability Company</u>	<u>New Jersey</u>	<u>Limited Liability Company</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECOND:** The exact name, form/entity type, and jurisdiction of the surviving party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
<u>PolyAziridine Florida LLC</u>	<u>Florida</u>	<u>Limited Liability Company</u>

**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).

**FOURTH:** Please check one of the boxes that apply to surviving entity: (if applicable)

- 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.
- 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:

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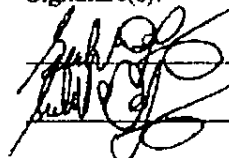
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**FIFTH:** This entity agrees to pay any members with appraisal rights the amount, to which members are entitled under ss.605.1006 and 605.1061-605.1072, F.S.

**SIXTH:** If other than the date of filing, the delayed effective date of the merger, which cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State:

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**SEVENTH:** Signature(s) for Each Party:

Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:
<u>PolyAziridine Limited Liability Company</u>		<u>Gerald V. DeLaney</u>
<u>PolyAziridine Florida LLC</u>		<u>Gerald V. DeLaney</u>

Corporations:	Chairman, Vice Chairman, President or Officer <i>(If no directors selected, signature of incorporator.)</i>
General partnerships:	Signature of a general partner or authorized person
Florida Limited Partnerships:	Signatures of all general partners
Non-Florida Limited Partnerships:	Signature of a general partner
Limited Liability Companies:	Signature of an authorized person

<b>Fees:</b>	For each Limited Liability Company:	\$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	<b>Certified Copy (optional):</b>	\$30.00