

L18000206810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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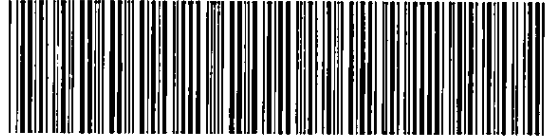
(Business Entity Name)

(Document Number)

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2024 FEB 27 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2024 FEB 27 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 2/27/2024

**PRIORITY** Regular Approval

**OUR REF.# (Order ID#)** 1233108

**ORDER ENTITY**

SKYBRIDGE HEALTHCARE SOLUTIONS, LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

SKYBRIDGE HEALTHCARE SOLUTIONS, LLC ( FL )

File the attached merger document

**NOTES:**

\$50.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MM" or similar initials.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

FILED

**ARTICLES OF MERGER**  
**For**  
**Florida Limited Liability Company**

2024 FEB 27 AM 11:15

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company (ies) in accordance with Section 605.1025 of the Florida Statutes.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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>
SKYBRIDGE HEALTHCARE SOLUTIONS, LLC	Florida	Limited Liability Company

**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>
SKYBRIDGE HEALTHCARE, 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).

**FOURTH:**

This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.

**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:**

This filing is effective upon filing by the Florida Department of State:

**SEVENTH:**

Signature(s) for Each Party:

<u>Name of Entity/Organization</u>	<u>Signature(s):</u>	<u>Name of Individual:</u>
SKYBRIDGE HEALTHCARE SOLUTIONS, LLC		Randall Bahlow, Mgr.
SKYBRIDGE HEALTHCARE, LLC		Randall Bahlow, Mgr.