## L19000000419

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

| Date:07/2        | 3/2019                     |                           |
|------------------|----------------------------|---------------------------|
| Name: N          | Merritt Walker             | _                         |
| Reference #:     |                            | _                         |
| Entity Name:     | REVOLUTIO                  | N WELLNESS LLC            |
| :                | ncorporation/Authorization |                           |
| ☐ Amendmen       | t                          |                           |
| Change of /      | Agent                      |                           |
| Reinstatem       | ent                        |                           |
| ☐ Conversion     |                            |                           |
| ✓ Merger         |                            |                           |
| ☐ Dissolution/   | /Withdrawal                |                           |
| ☐ Fictitious N   | ame                        |                           |
| ✓ Other          | CERTIFIED COL              | PY OF THE FILING EVIDENCE |
|                  |                            |                           |
| Authorized Amoun | nt: <b>\$80</b>            |                           |
| Signature:       | un                         |                           |

F: +852.2682.9790

## 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:

| Name                                       | <u>Jurisdiction</u>                      | Form/Entity Type              |
|--|--|-------------------------------|
| Revolution Wellness LLC                    | Florida                                  | Limited Liability Company     |
| Revolution Wellness, LLC                   | Delaware                                 | Limited Liability Company     |
|  |  |                               |
|  |  |                               |
| <b>SECOND:</b> The exact name, form/entity | type, and jurisdiction of the <u>sur</u> | rviving party are as follows: |
| Name                                       | Jurisdiction                             | Form/Entity Type              |
| Revolution Wellness, LLC                   | Delaware                                 | Limited Liability Company     |

<u>THIRD:</u> 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>FOU</u>                 | RTH: Please check one of the b   | poxes that apply to surviving   | entity: (if applicab)  | e)   |                               |  |  |  |
|----------------------------|--|---|--|--|-------------------------------|--|--|--|
| •                          | 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.                    |   |  |  |                               |  |  |  |
| Ø                          | nsact business in this s<br>nt to s. 605.0117 and C  | state. The<br>Chapter 48,   |  |  |                               |  |  |  |
|                            | 360 West Butterfield Road  |   |  |  |                               |  |  |  |
|                            | Suite 325  |   | •  |  |                               |  |  |  |
|                            | Elmhurst, Illinois 60126   |   | <u> </u>   |  |                               |  |  |  |
| Note: as the               | H: If other than the date of filing after the date this document is file.  If the date inserted in this block document's effective date on the entry. Signature(s) for Each Part of Entity/Organization: | ed by the Florida Department<br>does not meet the applicable<br>Department of State's reco  | t of State:  e statutory filing rec  |  | ill not be listed             |  |  |  |
| Revolu                     | ution Wellness LLC, the Merging Pa   | arty V  | The second secon | Mark de Souza, i                                 | Manager                       |  |  |  |
| Revoh                      | ution Welfness, LLC, the Surviving   | Party   | 3  | Mark de Souza, l                                 | Manager                       |  |  |  |
| Genera<br>Florida<br>Non-F | rations:<br>al partnerships:<br>a Limited Partnerships:<br>lorida Limited Partnerships:<br>d Liability Companies:  | Chairman, Vice Chairman (If no directors selected, s Signature of a general par Signatures of all general par Signature of a general par Signature of an authorized | ignature of incorpo<br>tner or authorized po<br>artners<br>tner  | rator.)  |                               |  |  |  |
| Fees:                      | For each Limited Liability Con<br>For each Limited Partnership:<br>For each Other Business Entity  | \$52.50   |  | poration:<br>eral Partnership:<br>py (optional): | \$35.00<br>\$25.00<br>\$30.00 |  |  |  |