P 1/3

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : JONES FOSTER P.A.
Account Number : 076077003231
Phone : (561)650-0471

Fax Number : (561)650-5300

Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please.

Email Address: jfservice@jonesfoster.com

MERGER OR SHARE EXCHANGE STEVEWILLDOIT LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$ \$8.75

\$80.00

Electronic Filing Menu

Corporate Filing Menu

Help

C 8/15/2022

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H22000269116 3

Articles of Merger For Florida Limited Liability Company

2022 / 12 12 PM 2: 22

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).

H22000269116 3

<u>FOUI</u>	RTH: Please check one of the b	oxes that a	pply to surviving e	ntity: (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:							
FIFT 1	<u>II:</u> This entity agrees to pay any 1.1006 and 605.1061-605.1072, F	niembers w	ith appraisal rights	the amount, to which	members are enti	tled under		
	H: If other than the date of filing flor the date this document is file				nnot he prior to no	or more than 90		
	If the date inserted in this block document's effective date on the				ements, this date w	vill not be listed		
SEVE	NTII: Signature(s) for Each Par	ty;			Tymad or I	Printed		
Name of Entity/Organization:			Signature(s):		Typed or Printed Name of Individual:			
STEVEWILLDOFF LLC, a Florida limited liability company			Mary photo Dictorum & Photo 9, 202	Marybeth DeLeonard		eLeonardis		
STEVEWILLDOIT LLC, a Delaware limited liability company		Harple th Dat convents (Sing 7, 782) 54 p./ (27)		Marybeth DeLeonardis				
Corpo	rations:		•	President or Officer	n)			
	al partnerships:	Signature	of a general partne	er or authorized perso				
	Florida Limited Partnerships: Signatures of all general partners Non-Florida Limited Partnerships: Signature of a general partner							
	d Liability Companies;		of an authorized p					
Fees:	For each Limited Liability Company: \$25.00 For each Corporation: \$35.00					\$ 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		