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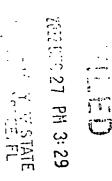
(Requ	uestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations									
SUBJECT: Shailene Creates 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:									
Shaylene Pase Contact Person Shaylene Creates II (Firm/Company									
Shayle Me Creates III									
2052 N Country side Cir Address									
Ovlando, FL 32804 City, State and Zip Code									
E-man address: (to be used for future annual report notification)									
For further information concerning this matter, please call:									
Shaylene Pase at (689) 500-3776 Name of Contact Person Area Code Daytime Telephone Number									
☐ Certified copy (optional) \$30.00									
STREET ADDRESS: Amendment Section Division of Corporations Clifton Building P. O. Box 6327 Tallahassee, FL 32314									

CR2E080 (2/20)

Tallahassee, FL 32301

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.

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).

7022 Fr 27 PH 3: 29

FOUR	TH: Please check one of the bo	oxes that ap	oply to surviving en	tity: (if applicable)							
\(\rap{\dot}\)	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 the mailing address to which the de Florida Statutes is:			•							
ss.605.	I: This entity agrees to pay any r 1006 and 605.1061-605.1072. F I: If other than the date of filing fter the date this document is file	.S. , the delay	ed effective date of	the merger, which cann							
as the	If the date inserted in this block document's effective date on the	Departmen			ents, this date	e will r	— not be listed				
SEVENTH: Signature(s) for Each Party:			Signature(s):	Typed or Printed Name of Individual:							
Name of Entity/Organization:			Signature(s):	Sharler a Pasa							
Sho	whene Creates L	LC	Nagten	elase	Shayle	he	Pase				
						2022					
Corporations: Chairman, Vice Chairman, President or Officer (If no directors selected, signature of incorporate General partnerships: Florida Limited Partnerships: Non-Florida Limited Partnerships: Limited Liability Companies: Chairman, President or Officer (If no directors selected, signature of incorporate Signature of a general partner or authorized person Signature of all general partner Signature of an authorized person			nature of incorporator.) or or authorized person oners or	15 CY OF STATE	FC 27 PH 3: 29						
Fees:	For each Limited Liability Con For each Limited Partnership: For each Other Business Entity	-	\$25.00 \$52.50 \$25.00	For each Corporation For each General P	artnership:		\$35.00 \$25.00 \$30.00				