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(Business Entity Name)

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May 8, 2019

A
Wisconsin
Service
Corporation

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

ATTORNEYS
AT LAW

RE: Classic Consulting Services, LLC

Dear Sir or Madam:

I am enclosing herein the following documents:

1. Cover letter which indicates my information as I represent Bradley and Laura Roberts, Members and Managers of Classic Consulting Services, LLC.
2. Articles of Merger for the surviving limited liability company.
3. Certificate of Good Standing dated April 26, 2019, relative to Classic Consulting Services, LLC (a Wisconsin limited liability company).
4. A check in the amount of \$55.00 made payable to the Division of Corporations – State of Florida, which amount represents the filing fee, etc. This fee represents the filing fee and the fee for a Certified Copy.

I would appreciate your filing the Articles of Merger and returning a "Certified" copy to my office in the envelope provided.

Thank you in advance for your prompt attention to this matter.

Sincerely,



Adam N. Skarie

/kaa
Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Classic Consulting Services, 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:

Attorney Adam N. Skarie

Contact Person

Silton Seifert Carlson, S.C.

Firm/Company

331 East Washington Street

Address

Appleton, WI 54911

City, State and Zip Code

adam.skarie@sscglaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam N. Skarie

at (920) 739-2366

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

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>
Classic Consulting Services, LLC	Wisconsin	LLC
Classic Consulting Services, LLC	Florida	LLC

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>
Classic Consulting Services, L.L.C.	Florida	LLC

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).

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

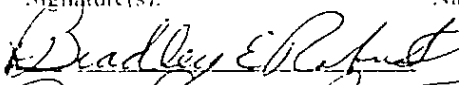
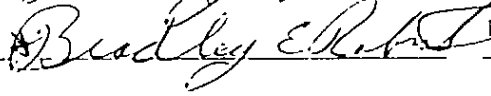
- ☒ This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic records are attached
- ☐ This entity is created by the merger and is a domestic filing entity, the public organic record is attached
- ☐ This entity is created by the merger and is a 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:

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:
Classic Consulting Services, LLC		Bradley E. Roberts
Classic Consulting Services, LLC		Bradley E. Roberts

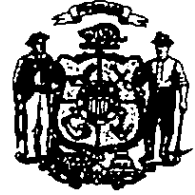
Corporations:	Chairman, Vice Chairman, President or Officer <i>(If no directors selected, signature of incorporator.)</i>
General partnerships:	Signature of a general partner or authorized person
Florida Limited Partnerships:	Signatures of all general partners
Non-Florida Limited Partnerships:	Signature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

<u>Fees:</u>	For each Limited Liability Company:	\$25.00	For each Corporation:	\$25.00
	For each Limited Partnership:	\$52.50	For each General Partnership:	\$25.00
	For each Other Business Entity:	\$25.00	<u>Certified Copy (optional):</u>	\$30.00

United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

CLASSIC CONSULTING SERVICES, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is September 18, 2015.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on April 26, 2019.

A handwritten signature in black ink that reads "Mary Ann McCoshen".

MARY ANN MCCOSHEN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfl.org/apps/ccs/verify/>

Enter this code: **243076-70944D80**