## L1900015591

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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## **COVER LETTER**

.#s
Name of Surviving Party
submitted for filing.
natter to:
<del></del>
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al report notification)
ease call:
772 231-4343
Area Code Daytime Telephone Numbe
MAILING ADDRESS:
Amendment Section
Division of Corporations P. O. Box 6327
Tallahassee, FL 32314

CR2E080 (2/14)

Tallahassee, FL 32301

TO: Amendment Section

## 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
Market Line Associates, L.L.C.	Florida	Limited Liability Company
Market Line Associates, L.L.C.	Georgia	Limited Liability Company
	<u> </u>	
SECOND: The exact name, form/enti	ty type, and jurisdiction of the <u>sur</u>	viving party are as follows:
Name	Jurisdiction	Form/Entity Type

<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).

rooj	CTH: Please check one of the	ooxes macappi	y to surviving en	tity. (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.								
0	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.								
0	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:								
ss.605 SIXT	H: This entity agrees to pay any .1006 and 605.1061-605.1072,  H: If other than the date of filir fter the date this document is file.	F.S.  ng, the delayed of	effective date of	the merger, which ca					
is the	If the date inserted in this block document's effective date on the SNTH: Signature(s) for Each Page 1	e Department o			ments, this date wi				
Name	of Entity/Organization:	S	ignature(s):		Name of Individual				
Marke	t Line Associates, L.L.C.		( for Ky	Activo	Scott N. Storbeck				
			Bairs	Horneck	Kim Storbeck				
Market Line Associates, L.L.C.			Java M.	Statuto	Scott N. Storbeck	:			
			Kin &	Konbeck	Kim Storbeck				
·	rations:	(If no direct	ors selected, sign	resident or Officer nature of incorporato					
	eral partnerships: Signature of a general partner or authorized person ida Limited Partnerships: Signatures of all general partners								
	Torida Limited Partnerships:		'a general partne						
	ed Liability Companies:	_	an authorized po						
Fees:	For each Limited Liability Co	ompany:	\$25.00	For each Corpora	ition:	\$35.00			
For each Limited Partnership:			\$52.50	For each General	•	\$25.00			
	For each Other Business Entit	ly:	\$25.00	Certified Copy (	<u>optional)</u> :	\$30.00			