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Legal Counsel.

DINSMORE & SHOHL top 1300 Six PPG Place Pittsburgh, PA 15222 www.dinsmore.com

Melissa N. Fann (412) 288-5886 (direct) (412) 281-5055 (fax) melissa.fann@dinsmore.com

August 5, 2024

VIA FEDERAL EXPRESS

Florida Department of State Registration Section. Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Florida 32303

Re: Articles of Merger

To Whom It May Concern,

Enclosed please find a form to file Articles of Merger, as well as a check in the amount of \$113.75 for filing fees.

Thank you for your attention to this matter.

Sincerety,

Melissa N. Fann

MNF/bt Enclosures

COVER LETTER

TO:

Amendment Section

Division of Corporations

SUBJECT: Behavioral Health Partners of Florida, 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:

Melanie Brown-Woofter Contact Person

Behavioral Health Partners of Florida, LLC

Firm/Company

316 East Park Ave.

Address

Tallahassee, Florida 32301

City, State and Zip Code

melanie@floridabha.org

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

For further information concerning this matter, please call:

Melanie Brown-Woofter

, 850

224-6048

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 (2/20)

Articles of Merger For Florida Limited Liability Company

FILED 2024 AUG -6 PM 1:51

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company (less) in accordance with s. 605.1025, Florida Statutes.

Name
Behavioral Health Partners of Florida, LLC
Florida
Florida Premier Health Plan, Inc
Florida
Corporation

SECOND: The exact name, form/entity type, and jurisdiction of the <u>surviving</u> party are as follows:

FIRST: The exact name, form/entity type, and jurisdiction for each merging party are as follows:

<u>Name</u>

Jurisdiction

Form/Entity Type

Behavioral Health Partners of Florida, LLC

Florida

Limited Liability Company

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).

FOUR	RTH: Please check one of the	ooxes that appl	y to surviving e	ntity: (if applicable)				
Ø	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 mailing address to which the of Florida Statutes is:							
								
Note:	H: If other than the date of filin fter the date this document is filed. If the date inserted in this block document's effective date on the NTH: Signature(s) for Each Page 1.	does not mee	da Department of	of State:		vill not be listed		
	of Entity/Organization: vioral Health Partners of Flo		ignature(s)			Individual:		
			1					
Flori	da Premier Health Pla	an, Inc. 	$\frac{1}{\sqrt{Q_t}}$		Steven F	Konik		
Corpor	rations:			President or Officer nature of incorporator.)	•			
	al partnerships:	Signature of	a general partn	er or authorized person				
	Limited Partnerships: lorida Limited Partnerships:		if all general par `a general partne					
	d Liability Companies:		an authorized p					
Fees:	For each Limited Liability Co For each Limited Partnership: For each Other Business Entity	•	\$25.00 \$52.50 \$25.00	For each Corporation For each General Pa Certified Copy (opt	rtnership:	\$35.00 \$25.00 \$30.00		

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Behavioral Health Partners of Florida, LLC

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Firm/Company

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City, State and Zip Code

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☐ Certified copy (optional) \$30.00

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Tallahassee, FL 32301

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Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

CR2E080 (2/20)

Articles of Merger For Florida Limited Liability Company

FILED 2024 AUG -6 PM 1:51

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FIRST: The exact name, form/entity type, and jurisdiction for each merging party are as follows:

Name Behavioral Health Partners of Florida, LLC	Jurisdiction Florida	Form/Entity Type Limited Liability Company		
Florida Premier Health Plan, Inc	Florida	Corporation		
SECOND: The exact name, form/entity type	e, and jurisdiction of the <u>sur</u>	viving party are as follows:		
<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type		
Behavioral Health Partners of Florida, LLC	Florida	Limited Liability Company		

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).

FOU	RTH: Please check one of the	boxes that app	ly 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 mailing address to which the Florida Statutes is:	that does not h department ma	nave a certificate ay send any proce	of authority to transact beess served pursuant to s. (usiness in thi 505.0117 and	s state. The I Chapter 48,			
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Note: as the SEVE	If the date inserted in this bloc document's effective date on th NTH: Signature(s) for Each P of Entity/Organization:	k does not med be Department arty:	ida Department of	of State: statutory filing requireme	Typed o Name of	will not be listed r Printed f Individual:			
Bena	vioral Health Partners of Flo	orida, LLC	X		Donald P. :	Savoie			
Flor	ida Premier Health Pl	an, Inc.	1/4		Steven	Ronik			
Genera Florida Non-F	rations: al partnerships: a Limited Partnerships: lorida Limited Partnerships: d Liability Companies:	(If no direc Signature o Signatures Signature o	tors selected, sig	er					
<u>Fees:</u>	For each Limited Liability Co For each Limited Partnership For each Other Business Entit		\$25.00 \$52.50 \$25.00	For each Corporation For each General Pa Certified Copy (opt	rtnership:	\$35.00 \$25.00 \$30.00			