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Merger

OCT 03 2019

I ALBRITTON

## COVER LETTER

TO:	Amendment Section Division of Corporations				
CHITA	IECT: Simple Saver Services, LLC				
SOBI	or.cr;	Name o	f Surviving Pa	rty	
The e	nclosed Certificate of Merger and fee(	s) are submitte	d for filing.		
Please	e return all correspondence concerning	this matter to	:		
Stever	n A. Brezinski				
	Contact Person				
Axley	Brynelson, LLP				
	Firm/Company				
P.O. E	30x 1767				
	Address				
Madis	son, WI 53701-1767				
	City, State and Zip C	Code			
danha	ırk@gmail.com				
	E-mail address: (to be used for futur	e annual repor	t notification)	-	
For fu	irther information concerning this mat	ter, please call	:		
	n A. Brezinski	at (	283-67	723	
	Name of Contact Person	a. \	Area Code	Daytime Telephone Number	
	Certified copy (optional) \$30.00				
•		MAILING AD	DDRESS:		
			endment Section		
Division of Corporations			Division of Corporations		
Clifton Building			P. O. Box 6327		
	Executive Center Circle	-	l'allahassee, Fl	. 32314	
Tallal	hassee, Fl. 32301				

CR2E080 (2/14)



September 16, 2019

STEVEN A. BREZINSKI AXLEY BRYNELSON, LLP P.O. BOX 1767 MADISON, WI 53701-1767

SUBJECT: SIMPLE SAVER SERVICES, LLC

Ref. Number: L19000198237

We have received your document for SIMPLE SAVER SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file the merger is \$25.00 per entity.

There is a balance due of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 919A00019118

Irene Albritton Regulatory Specialist II

www.sunbiz.org

## 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	
Simple Saver Services, LLC	Nevada	Limited Liability Company	
	<del></del>		
SECOND: The exact name, form/entity type, a	nd jurisdiction of the surviving part	y are as follows:	
<u>Name</u>	Jurisdiction	Form/Entity Type	
Simple Saver Services, 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).

<u>FOUR</u>	TH: Please check one of the b	oxes that appl	y to surviving er	tity: (if applicable)				
<b>Ø</b>	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.							
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.							
<b>a</b>	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:							
rueri	L. This parity arrange to gove any		a numerical rights	the amount to which r	numbers are antitle	ad under		
	<ol> <li>This entity agrees to pay any 1006 and 605.1061-605.1072.</li> </ol>		i appraisai rignis	the amount, to which i	nembers are entiti	ea unaer		
	1: If other than the date of filin ter the date this document is file.				not be prior to not	more than 90		
as the	If the date inserted in this block document's effective date on the	: Department (			nents, this date wi	II not be listed		
<u>SEVE</u>	NTH: Signature(s) for Each Pa	rty:			Typed or Printed			
	of Entity/Organization:	7	Signature(s):	NI I	ame of Individual	:		
Simple	Saver Services, LLC (Nevada)		<u>Daniet</u>	Harkens	Daniel Harkins			
Simple	Saver Services, LLC (Florida)		Daniel	arkins	Daniel Harkins			
		<del></del>						
Corpoi	rations:			President or Officer nature of incorporator.	)			
	al partnerships:	Signature o	f a general partn	er or authorized person				
	orida Limited Partnerships: Signatures of all general partners on-Florida Limited Partnerships: Signature of a general partner							
	d Liability Companies:		f an authorized p					
Fees:	For each Limited Liability Co	mpany:	\$25.00	For each Corporat	ion:	\$35.00		
	For each Limited Partnership:		\$52.50	For each General		\$25.00		
	For each Other Business Entit	у:	\$25.00	Certified Copy (c	(puonai)	\$30.00		