## L19000222407

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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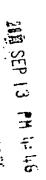
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CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 916894 4304756

AUTHORIZATION : CAPELLO ROLL

COST LIMIT : \$ 50.00

ORDER DATE: September 13, 2019

ORDER TIME : 2:23 PM

ORDER NO. : 916894-010

CUSTOMER NO: 4304756

## ARTICLES OF MERGER

HYDROSOME LABS LLC

INTO

HYDROSOME HOLDINGS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS:

## **COVER LETTER**

TO: Amendment Section Division of Corporations	•
SUBJECT: Hydrosome Holdings, LLC	
	ne of Surviving Party
The enclosed Certificate of Merger and fee(s) are subn	nitted for filing.
Please return all correspondence concerning this matte	ne of Surviving Party nitted for filing. r to:
Stephen Ribble	
Contact Person	<del></del>
Guardian Accounting Group LLC	
Firm/Company	
4023 N. Armenia Avenue, Suite 100	
Address	
Tampa, FL 33607	
City, State and Zip Code	
steve@guardianaccountinggroup.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, please	call:
Stephen Ribble 81	746-8208
Name of Contact Person	Area Code Daytime Telephone Number
☐ Certified copy (optional) \$30.00	
STREET ADDRESS:	MAILING ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314

CR2E080 (2/14)

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.

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

<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
Hydrosome Labs LLC	Florida	Limited Liability Company
		7000
<b>SECOND:</b> The exact name, form/entity type.	and jurisdiction of the <u>surviying</u> par	ty are as follows:
<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
Hydrosome Holdings, LLC	Delaware	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).

FOUL	RTH: Please check one of the	boxes that ap	ply to surviving e	ntity: (if applica	ble)		
Ö	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.						
	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:						
SIXTI days a	H: This entity agrees to pay any .1006 and 605.1061-605.1072,  H: If other than the date of filing fiter the date this document is fill occurred in this block document's effective date on the .NTH: Signature(s) for Each Pa	F.S.  Ig, the delayer  ed by the Flo  c does not me  e Department	d effective date or rida Department of the applicable	f the merger, whof State:	ich cannot be prior to no	or more than 90	
	of Entity/Organization:	·	S:L.		Typed or Printed		
	some Labs LLC		Signature(s):	1	Name of Individua Michael Monterr		
Hydros	some Holdings, LLC		ANT A	<del>/-\</del>	Christopher Edm	ionds	
Florida Non-Fl	rations: Il partnerships: Limited Partnerships: orida Limited Partnerships: Il Liability Companies:	(If no direct Signatures Signatures Signature controls)	Vice Chairman, I ctors selected, sign of a general partner of all general partner of an authorized p	nature of incorp or or authorized tners or	orator.)		
Fees:	For each Limited Liability Cor For each Limited Partnership: For each Other Business Entity		\$25.00 \$52.50 \$25.00	For each Co For each Ge <u>Certified C</u>	orporation: eneral Partnership: opy (optional):	\$35.00 \$25.00 \$30.00	

<u>FOUR</u>	TH: Please check one of the	boxes that app	ply to surviving e	ntity: (if applicable)		
<b>2</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 r	merger and is	a domestic filing e	entity, the public org	ganic record is attach	ed.
	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.					
a	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:					
						<del></del>
ss.605 <u>SIXTI</u>	1: This entity agrees to pay any 1006 and 605.1061-605.1072.	F.S.	d effective date of	the merger, which		
days a	fter the date this document is fi	led by the Flo	rida Department o	of State:		
	If the date inserted in this bloc document's effective date on the				irements, this date w	ill not be listed
<u>SEVE</u>	NTH: Signature(s) for Each P	arty:			Typed or Printed	I
	of Entity/Organization:		Signature(s):		Name of Individua	
Hydros	some Labs LLC				Michael Montem	urro
Hydros	some Holdings, LLC	<del></del>	(lind the )	Dund	Christopher Edm	onds
Corpoi	rations:			President or Officer		
	al partnerships:	Signature	of a general partne	er or authorized per		
	da Limited Partnerships: Signatures of all general partners					
	lorida Limited Partnerships: d Liability Companies:	_	of a general partno of an authorized p			
Fees:	For each Limited Liability Co	ompany:	\$25.00	For each Corpo	oration:	\$35.00
	For each Limited Partnership	:	\$52.50	For each Gene	ral Partnership:	\$25.00
	For each Other Business Enti-	ty:	\$25.00	Certified Cop	<u>y (optional)</u> :	\$30.00