L19000237974

(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	y/State/Zip/Phone	: #)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





900337315159

12/02/19--01011--028 **35.00

03/03/20--01013--011 *•15.00



Machaer

MAR () 3 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations	•				
SUBJECT:	INFOBLAZE LLC				
Name of Surviving Party					
The enclosed Certificate of Merger ar	d fee(s) are submitted for filing.				
Please return all correspondence conc	erning this matter to:				
VENKATESHAM E	, ADU 64				
Contact P	erson				
INFOBLAZE LLO	<u> </u>				
Firm/Con	pany				
4932 KEY LIME DR, C	NII 308				
Addre	SS				
TACKSONVILLE, FL 3 City. State and	2256				
City, State and	Zip Code				
vhaduaupamail.com	`				
E-mail address: (to be used fo	future annual report notification)				
For further information concerning th	is matter, please call:				
WE NEATECH AM RANGE	u at 167) 394 · 3402				
Name of Contact Person	at (267) 394 - 3402 Area Code Daytime Telephor	ne Numbe			
☐ Certified copy (optional) \$30	00				
STREET ADDRESS:	MAILING ADDRESS:				
Amendment Section	Amendment Section				
Division of Corporations	Division of Corporations P. O. Box 6327				
Clifton Building 2661 Executive Center Circle	Tallahassee, FL 32314				
Tallahassee, FL 32301					

CR2E080 (2/14)



2020 - . FH 5: 16 TATE

Letter Number: 120A00000560

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 9, 2020

VENKATESHAM BADUGU INFOBLAZE LLC 4932 KEY LIME DR - UNIT #308 JACKSONVILLE, FL 32256

SUBJECT: INFOBLAZE LLC Ref. Number: L19000237974

We have received your document for INFOBLAZE LLC and your check(s) totaling \$35.00. 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 for each Limited Liability Company involved in the merger.

There is a balance due of \$15.00.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Section 605.1025(1) or 607.1105(1), requires a signature for each entity involved in the merger. If one person is signing on behalf of more than one entity, please indicate so with the signature.

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.

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/I:ntity Type		
INFOBLAZE LLC	PEHNSYLVANIA	365 3043		
				
SECOND: The exact name, form/entit	y type, and jurisdiction of the survivi	ng party are as follows:		
Name	<u>Jurisdiction</u>	Form/Entity Type		
INFOBLAZE LLC	FLORIDA	L19000237974		

<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).

FILED
2020 HAR -2 PM 1:50

<u>FOUR</u>	TH: Please check one of the b	oxes that ap	ply 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.								
	This entity is created by the m	erger and is	a domestic filing e	ntity, the public organ	ic record is attached	d.			
	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:								
									
	1: This entity agrees to pay any 1006 and 605.1061-605.1072. F		th appraisal rights	the amount, to which	members are entitle	ed under			
	4: If other than the date of filing fter the date this document is file				mot be prior to nor	more than 90			
	If the date inserted in this block document's effective date on the				ments, this date wil	l not be listed			
SEVE	NTH: Signature(s) for Each Pa	rty:			22 1 D. L. L.				
Name (of Entity/Organization:		Signature(s):	N	Typed or Printed lame of Individual:				
INFO	DRLAZE LLC		Blency		VENKATESHA	am BADUGU			
JHFI	ORLAZE LLC		Rehad		VE NKATESH	AM BADUGU			
Genera Florida	rations: al partnerships: a Limited Partnerships: lorida Limited Partnerships:	(If no dire Signature Signature	ectors selected, sign						
	d Liability Companies:		of an authorized p						
Fees:	For each Limited Liability Co For each Limited Partnership: For each Other Business Entit	•	\$25.00 \$52.50 \$25.00	For each Corpora For each General Certified Copy (Partnership:	\$35.00 \$25.00 \$30.00			