

L19000249902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

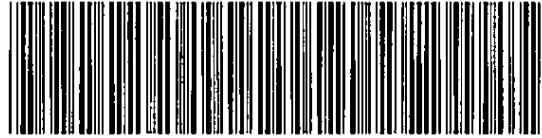
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700339408457

01/22/20--01022--015 **25.00

03/03/20--01015--003 **25.00

2020-11-3 PM 4:49

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C GOLDEN

MAR - 5 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RHCMS-I, 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:

Clark A. Stillwell

Contact Person

Law Office of Clark A. Stillwell

Firm/Company

320 US Highway 41 S

Address

Inverness, Florida 34450

City, State and Zip Code

caslaw@tampabay.rr.com

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

For further information concerning this matter, please call:

Carla Venard

at (352) 726-6767

Name of Contact Person

Area Code and Daytime Telephone Number

☐ Certified copy (optional) \$52.50

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2020

CLARK A. STILLWELL
320 US HIGHWAY 41 S
INVERNESS, FL 34450

SUBJECT: RHCMS - I, LLC
Ref. Number: L19000249902

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 820A00003871

**Certificate of Merger
For
Florida Partnership**

2020 MAR -3 PM 4:49

The following Certificate of Merger is submitted in accordance with s. 620.8918, Florida Statutes.

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

| <u>Name</u> | <u>Jurisdiction</u> | <u>Form/Entity Type</u> |
|-------------|---------------------|-------------------------|
| ABM | Florida | Partnership |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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

| <u>Name</u> | <u>Jurisdiction</u> | <u>Form/Entity Type</u> |
|---------------|---------------------|---------------------------|
| RIICMS-I, LLC | Florida | Limited liability company |
| _____ | _____ | _____ |

THIRD: The date the merger is effective under the governing laws of the

surviving party is: ^{Date of filing}_____.

(NOTE: If survivor is a Florida partnership, effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State. If survivor is not a Florida partnership, effective date shall be as provided in the governing law of the surviving party.)

FOURTH: The merger was approved by each party as required by its governing law.
Yes, via a plan of conversion agreement dated December 30, 2019.

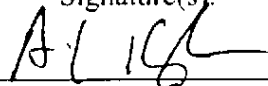
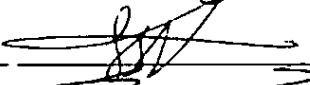
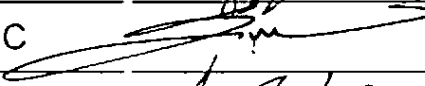


FIFTH: If the surviving party is a foreign organization not qualified to transact business in this state, the street address and mailing address of an office which the Florida Department of State may use for the purposes of s. 620.8919(2), F.S., are as follows:

| | |
|------------------|------------------------------|
| Street address: | 6410 W Gulf to Lake Hwy |
| | Crystal River, Florida 34429 |
| | |
| | |
| Mailing address: | 6410 W Gulf to Lake Hwy |
| | Crystal River, Florida 34429 |
| | |
| | |

SIXTH: Other provisions, if any, relating to the merger:

SEVENTH: Signature(s) for Each Party:

(Merger must be signed by all general partners of each partnership and by the authorized representative of each other party.)

| Name of Entity/Organization: | Signature(s): | Typed or Printed Name of Individual: |
|-----------------------------------|---|--------------------------------------|
| <u>AKR-VR-2, LLC</u> |  | <u>Anil K. Ram, GP</u> |
| <u>Gulf 2 Lake, LLC</u> |  | <u>Authorized Rep</u> |
| <u>Siddharth Mathur, LLC</u> |  | <u>Authorized Rep</u> |
| <u>Citrus Medical Office, LLC</u> |  | <u>Authorized Rep</u> |
| <u>One Hell of a Biz, LLC</u> |  | <u>Authorized Rep</u> |

The authority to execute on behalf of all general partners was provided Anil K. Ram pursuant to the written Plan of Conversion dated December 30, 2019.

Fees: Filing Fees: \$25.00 Per Party
Certified Copy: \$52.50 (Optional)
Certificate of Status: \$8.75 (Optional)