# L19000281193

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(Address)					
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### **COVER LETTER**

TO: Amendment Section

Division of Corporations

<sub>subject:</sub> Secdre Risk Control LLC

Name of Surviving Part

The enclosed Certificate of Merger and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

# Joani Steffens

Contact Person

Secure Risk Control LLC

Firm/Company

1363 N Skyhawk Point

Address

Hernando, FL 34442

City, State and Zip Code

joani@securerisk.net

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

For further information concerning this matter, please call:

## Joani Steffens

...832 🕠

,748-8077

Name of Contact Person

Area Code

Daytime Telephone Number

鱼

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 (2/14)



January 15, 2020

JOANI STEFFENS SECURE RISK CONTROL LLC 1363 N SKYHAWK POINT HERNANDO, FL 34442

SUBJECT: SECURE RISK CONTROL LLC

Ref. Number: L19000281193

We have received your document for SECURE RISK CONTROL LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

The fee to file the merger with a certified copy is \$90.00

There is a balance due of \$11.25.

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

Letter Number: 420A00001162

## 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	
Secure Risk Control LLC	Florida	LLC	
<del></del>			
SECOND: The exact name, form/entity type, a	and jurisdiction of the <u>surviving</u> par	ty are as follows:	
<u>Name</u>	Jurisdiction	Form/Entity Type	
Secure Risk Control Inc.	Texas	1120S	

**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	Thease check one of the b	oxes mat appry	to sai viving ci	itity. (II applicable)					
	This entity exists before the me are attached.	erger and is a do	omestic filing o	entity, the amendment, if	any to its public	organic record			
	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 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:								
	<u>1:</u> This entity agrees to pay any 1 1006 and 605.1061-605.1072, F		ppraisal rights	the amount, to which me	mbers are entitle	ed under			
	1: If other than the date of filing fer the date this document is file				ot be prior to nor	more than 90			
as the	If the date inserted in this block document's effective date on the	Department of			nts, this date wil	ll not be listed			
<u>SEVE</u>	NTH: Signature(s) for Each Par	rty:		т	yped or Printed				
Sacura Pick Control LLC			gnature(s):		ne of Individual:				
			varie h	LEAS .	Ioani Steffens				
Secure	Risk Control Inc.		Dott 1	Water !	Scott Steffens				
Corpoi	rations:			President or Officer nature of incorporator.)					
	al partnerships:			er or authorized person					
	orida Limited Partnerships: Signatures of all general partners on-Florida Limited Partnerships: Signature of a general partner								
	lorida Limited Partnerships: d Liability Companies:		a general partn an authorized p						
Fees:	For each Limited Liability Cor	nnanv	\$25.00	For each Corporatio	n·	\$35.00			
<u> </u>	For each Limited Partnership:	······· J ·	\$52.50	For each General Pa		\$35.00 \$25.00			
	For each Other Business Entity	y:	\$25.00	Certified Copy (op		\$30.00			