120000003905

	(Requestor's Name)	
	(Address)	
. .	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of 3	Status
Special Instructions	s to Filing Officer	

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 124711 4307830

AUTHORIZATION

COST LIMIT : \$80.00

ORDER DATE: January 7, 2020

ORDER TIME : 3:11 PM

ORDER NO. : 124711-010

CUSTOMER NO: 4307830

ARTICLES OF MERGER

BEGA LLC

INTO

WALLAROY LLC

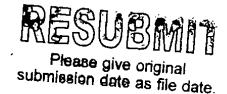
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Kadesha Roberson

EXAMINER'S INITIALS:





FLORIDA DEPARTMENT OF STATE Division of Corporations

January 9, 2020

CSC

SUBJECT: WALLAROY LLC Ref. Number: L20000003905

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

As a condition of a merger, pursuant to s.607.1622(8), Florida Statutes, each party to the merger must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the articles of merger are submitted for filing.

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.

Terri J Schroeder Regulatory Specialist III

Letter Number: 720A00000584

SO 18H 13 EA 10: 15

www.sunbiz.org

COVER LETTER

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TO: Amendment Section Division of Corporations			
SUBJECT: Wallaroy 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:		
Caitlin Kielczynski			
Contact Person			
Whitman Breed Abbott & Morgan LLC			
Firm/Company			
500 West Putnam Avenue, 2nd Floor			
Address			
Greenwich, CT 06830			
City, State and Zip Code	•		
beale.chris@gmail.com			
E-mail address: (to be used for future annu	ual report notification)		
For further information concerning this matter, pla			
Name of Contact Person	at (²⁰³)862-2397		
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		
!661 Executive Center Circle	Tallahassee, FL 32314		

:R2E080 (2/14)

fallahassee, 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:

INAME	Jurisdiction	Form/Entity Type	
Bega LLC .	Connecticut	Limited Liability Company	
			
SECOND: The exact name, for	rm/entity type, and jurisdiction of the surv	riving party are as follows:	
Name	Jurisdiction	Form/Entity Type	
Wallaroy LLC	Florida	Limited Liability Com	
	_ 		

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 mercober of such limited liability company who as a result of the merger will have interest holder liability under s.605.1023(1)(b)

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1 of 3

FOUR	TTH: Please check one of the b	oxes that ap	ply to surviving e	ntity: (if applicable)						
0	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.									
0	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>FIFTI</u> ss.605.	I: This entity agrees to pay any 1 1006 and 605.1061-605.1072, F	members w	ith appraisal rights	the amount, to which	h members are entitl	ed under				
SIXTI	1: If other than the date of filing fer the date this document is file	g, the delaye	ed effective date of	the merger, which o	cannot be prior to nor	r more than 90				
uays ai		d by the Fit	onda Department (or State:						
Note:	If the date inserted in this block document's effective date on the	does not m	eet the applicable stof State's records	statutory filing requi	rements, this date wi	ll not be listed				
SEVE	NTH: Signature(s) for Each Par	rty:			T 1 D 1					
Name	of Entity/Organization:		Signature(s):		Typed or Printed Name of Individual;	<u>.</u>				
Bega L	LC		an)	cel	Chris Beale	•				
Wallard	oy LLC .		au	Reed	Chris Beale					
										
Согрог	ations:			President or Officer	,					
Genera	l partnerships:			nature of incorporate or authorized pers						
	rida Limited Partnerships: Signatures of all general partners									
	orida Limited Partnerships: d Liability Companies:		of a general partner of an authorized p							
ees:	For each Limited Liability Con	npany:	\$25.00	For each Corpor	ration:	\$ 35.00				
	For each Limited Partnership:	•	\$52.50	For each Genera	al Partnership:	\$25.00				
	For each Other Business Entity	":	\$25.00	Certified Copy	(optional):	\$30.00				