L2000015849

·	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Dasiness Citaly Name)
	(Document Number)
Certified Copies	Certificates of Status
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Special Instructions t	o Filing Officer:
	

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(10/14/2022

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 025567 _ 814424

-7X

AUTHORIZATION :

COST LIMIT : \$ 50.00 ~

ORDER DATE: October 13, 2022

ORDER TIME : 1:50 PM

ORDER NO. : 025567-010

CUSTOMER NO: 8144247

ARTICLES OF MERGER

STERRET CIRCLE LLC

INTO

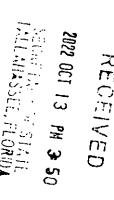
STERRET CIRCLE LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:



COVER LETTER

Division of Corporations							
SUBJECT:							
	Name of Surviving Party						
The enclosed Certificate of Merger and fee(s) are submitted for filing.							
Please return all correspondence concerning	this matter to:						
Leo J. Salvatori, Esq.							
Contact Person							
Salvatori Law Office, PLLC							
Firm/Company							
5150 Tamiami Trail North, Suite 304							
Address							
Naples, FL 34103							
City, State and Zip C	ode						
ljs@salvatori.legal							
E-mail address: (to be used for future	annual report notification)						
For further information concerning this matter	er, please call:						
Leo J. Salvatori	at (
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 Clifton Building	Division of Corporations P. O. Box 6327						
2661 Executive Center Circle	Tallahassee FL 32314						

CR2E080 (2/20)

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>	Jurisdiction	Form/Entity Type	
STERRET CIRCLE LLC	FLORIDA	LLC	
SECOND: The exact name, form/entity type, a	and jurisdiction of the surviving part	y are as follows:	
Name	<u>Jurisdiction</u>	Form/Entity Type	
STERRET CIRCLE LLC	DELAWARE	LLC	

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).

FUU	RIH: Please check one of the	e boxes that a	ppiy to surviving (entity: (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 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:								
ss.605 <u>SIXT</u>	.1006 and 605.1061-605.1072	F.S.	ed effective date o	s the amount, to which members are en f the merger, which cannot be prior to of State:					
as the	If the date inserted in this block document's effective date on the NTH: Signature(s) for Each F	he Departmen							
Name of Entity/Organization:			Signature(s):		Typed or Printed Name of Individual:				
STER	RET CIRCLE LLC			Jonathan She	echtman				
STER	RET CIRCLE LLC			Jonathan She	echtman				
Согро	rations:			President or Officer					
Genera	ıl partnerships:	nature of incorporator.) er or authorized person							
	Limited Partnerships:	•							
Florida Limited Partnerships: Signatures of all ge Non-Florida Limited Partnerships: Signature of a gene									
	d Liability Companies:		of an authorized p						
Fees:	For each Limited Liability Co	ompany:	\$25.00	For each Corporation:	\$ 35.00				
	For each Limited Partnership		\$52.50	For each General Partnership:	\$25.00				
	For each Other Business Enti		\$25.00	Certified Copy (optional):	\$30.00				