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Thank you!

COVER LETTER

TO: Amendment Section Division of Corporations

Subject: Colorado Medical Group, PLLC

Name of Surviving Party

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

Please return all correspondence concerning this matter to:

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L	a	I V V	H	\circ	ll	U	ΙL

Contact Person

Honigman LLP

Firm/Company

2290 First National Building, 660 Woodward Ave.

Detroit, MI 48226

City, State and Zip Code

dshort@honigman.com

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

For further information concerning this matter, please call:

Dawn Short

",313

.465-7349

Name of Contact Person

Area Code

Daytime Telephone Number

☐ 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 (2/20)

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 Colorado Medical Group, PLLC	Florida Florida	Form/Entity Type professional limited liability company
	 	
SECOND: The exact name, form/entity typ	e, and jurisdiction of the <u>survivi</u>	ng party are as follows:
Name Colorado Medical Group, PLLC	Jurisdiction Michigan	Form/Entity Type professional limited liability company

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).

ocu\$ign E	Envelope 1D: 30ABCC8C-F7CB-4EF7-A	87E-25855821	58C3			
<u>FOUR</u>	RTH: Please check one of the t	ooxes that ap	oply to surviving ent	ity: (if applicable)		
□.	This entity exists before the n are attached.	nerger and is	a domestic filing er	itity, the amendment, if any	y to its publ	ic organic recor
	This entity is created by the n	nerger and is	s a domestic filing er	itity, the public organic rec	ord is attacl	hed.
	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.					
Ø	This entity is a foreign entity mailing address to which the Florida Statutes is: 3810 Northdal	department (may send any proces	s served pursuant to s. 605	.0117 and C	Chapter 48.
ss.605 SIXTI days a	H: This entity agrees to pay any .1006 and 605.1061-605.1072. H: If other than the date of filir fter the date this document is fill the date inserted in this block document's effective date on the service of the date on the service date date date date date date date dat	F.S. ng. the delay led by the Fl k does not n	ed effective date of to orida Department of the orida Department of the original states are the applicable states.	he merger, which cannot b State: atutory filing requirements	e prior to n	or more than 90
Name	NTH: Signature(s) for Each Particle of Entity/Organization: Orado Medical Group		Signature(s): Gamal Way	ni G	Typed or I Name of I	
Cold	orado Medical Group	, PLLC	Gamal Way	ni G	amal	Wazni
Corpo	rations:		n, Vice Chairman, P	resident or Officer ature of incorporator.)		
Florid Non-F	al partnerships: a Limited Partnerships: Torida Limited Partnerships: ed Liability Companies:	Signature Signature Signature		or authorized person ners		
Fees:	For each Limited Liability Co For each Limited Partnership: For each Other Business Entit		\$25.00 \$52.50 \$25.00	For each Corporation: For each General Partn Certified Copy (option)	•	\$35.00 \$25.00 \$30.00