Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000425186 3)))



H240004251863ABC%

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

MERGER OR SHARE EXCHANGE Calibo, Inc.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$68.75

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(03/05) 12/30/2024 08:18:11 AM

DOUBLIGHT ETTYPHOOPS ID: DBCB4 193-1FDA-4 IDB-5 10D-0C 1	4895F440		
,	COVER LE	TTER	H24000425186 3
TO: Amendment Section Division of Corporations		•	
SUBJECT: Calibo, Inc.			
	Name of Surviv	ing Party	
The enclosed Certificate of Merger and fee(s) are submitted for fi	ing.	
Please return all correspondence concerning	this matter to:		
Jennifer Consiglio			
Contact Person			
Butzel			
Firm/Company	<u> </u>		
201 W. Big Beaver, Suite 1	200		
Address			
Troy, MI 48084			
City, State and Zip C	ode		
consiglio@butzel.com			
E-mail address: (to be used for future	annual report notific	ation)	
For further information concerning this matter	er, please call:		
Jennifer Consiglio	_{at (} 248	593-3023	
Name of Contact Person	Area Code	Daytime Telephone Number	er
☐ Certified copy (optional) \$30.00			20

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Amendment Section

P. O. Box 6327

CR2E080 (2/20)

STREET ADDRESS:

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Amendment Section

Clifton Building

Articles of Merger For Florida Limited Liability Company

H24000425186 3

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>		Form/Entity Type	
Calibo, LL	.C	Florida	LLC L20000370984
SECOND: The	exact name, form/entity type, a	nd jurisdiction of the surviving part	y are as follows:
Name		Jurisdiction	Form/Entity Type
Calibo, Inc	c.	Michigan	Corporation

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).

(05/05) 12/30/2024 08:19:00 AM

<u>FOUR</u>	RTH: Please check one of the	boxes that ap	ply to surviving e	ntity: (if applicable)	H2400042	5186 3		
	This entity exists before the nare attached.	nerger and is	a domestic filing	entity, the amendment, if a	any to its public	c 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 mailing address to which the Florida Statutes is:	that does not department m	have a certificate ay send any proce	of authority to transact bu ess served pursuant to s. 6	siness in this st 05.0117 and Cl	tate. The hapter 48,		
	150 West Jefferso	on, Suite	100					
	Detroit, MI 48226							
SIXTI days a Note: as the SEVE	1006 and 605.1061-605.1072, H: If other than the date of filing fier the date this document is fill the date inserted in this block document's effective date on the NTH: Signature(s) for Each Performance of Entity/Organization:	ig, the delayed led by the Flo k does not me e Department	rida Department of	of State: Statutory filing requirement		ill not be listed		
Cali	bo, Inc.		Scott Sandochafer	S	Cott Sandschaf	fer, President		
Cali	bo, LLC	(Docatement by Lay B. Valtikuli 778961-00007046	F	Raj B. Vattikut	ti, Manager		
-	rations:	(If no dire	ctors selected, sig	President or Officer nature of incorporator.) er or authorized person				
	Limited Partnerships:	d Partnerships: Signatures of all general partners						
	lorida Limited Partnerships: d Liability Companies:	_	of a general partne of an authorized p					
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 Par Certified Copy (opt	tnership:	\$35.00 \$25.00 \$30.00		