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#### **COVER LETTER**

TO: Amendment Section

Division of Corporations

SUBJECT: ORANGE CARE MSO MERGER SUB, 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:

## Mike Segal

Contact Person

## Nelson Mullins Riley & Scarborough

Firm/Company

## 2 South Biscayne Blvd. 21st Floor

Address

Miami, FL 33131

City, State and Zip Code

# mike.segal@nelsonmullins.com

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

For further information concerning this matter, please call:

## Mike Segal

..305

373-9430

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

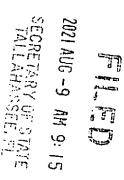
CR2E080 (2/20)

#### 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.

Name	Jurisdiction	Form/Entity Type L/Le - 209	15
Orange Care Management Services Organization, LEC	Florida	Limited Liability Company	
Orange Care MSO Merger Sub, LLC	Florida	Limited Liability Company	
<b>SECOND:</b> The exact name, form/entity typ	e, and jurisdiction of the <u>sur</u>	viving party are as follows:	
Name	<u>Jurisdiction</u>	Form/Entity Type	
Orange Care MSO Merger Sub, LLC	Florida	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).



FOUL	RTH: Please check one of the h	ooxes that a	pply to surviving en	tity: (if applicable)					
Ø	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:								
						<u>-</u>			
ss.605.	1: This entity agrees to pay any 1006 and 605.1061-605.1072. Factor of filing filer the date of filing filer the date this document is filed.	F.S. g. the delaye	ed effective date of t	he merger, which can					
as the	If the date inserted in this block document's effective date on the	Departmer			ents, this date will i	not be listed			
	NTH: Signature(s) for Each Par	rty:			Typed or Prin	ted			
	of Entity/Organization:		Signature(s):		Name of Indiv	ridual;			
Orange	Care Management Services Organiz	zation, LLC	- Lugar		Lissette Ex	posito			
Oran	ge Care MSO Merger Su	ub, LLC	- Chip. C-		Lissette Ex	posito			
					Sign 3				
Florida Non-Fl	rations:  Il partnerships: Limited Partnerships: orida Limited Partnerships: d Liability Companies:	(If no dire Signature Signature Signature		nture of incorporator.) or authorized person ners	9: 15 SME	J -			
Fees:	For each Limited Liability Con For each Limited Partnership: For each Other Business Entity		\$25.00 \$52.50 \$25.00	For each Corporati For each General P Certified Copy (o)	artnership:	\$35.00 \$25.00 \$30.00			