Division of Corporations **Electronic Filing Cover Sheet**

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.

(((H22000196739 3)))



H220001967393ABC6

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REZLEGAL, LLC Account Number : 120140000033 : (904)685-9321 Fax Number : (904) 567-1066

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

Email Address:

kwsnyder@gmail.com

MERGER OR SHARE EXCHANGE

Harbour Dental Management LLC

		Certificate of Status	0
0_	1	Certified Copy	0
:2	•	Page Count	06
. 3		Estimated Charge	\$130.00
· _+			

Electronic Filing Menu

Corporate Filing Menu

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812-5/2020





TO:	Florida Departmer	nt of State,	FROM:	Erika Rivera, Legal Assistant
FAX:	(850) 617-6380		PAGES:	_8_, including fax cover sheet
PHONE:			DATE:	August 24, 2022
RE:	Harbour Dental M	lanagement LLC	CC:	
Urgent	☐ For Review	☐ Please Comment	☐ Please Reply ☐ Please Recycle	
Comments:				
D . C' /A	a . 1 .			

Dear Sir/Madam:

Attached please find my <u>original</u> fax submission on <u>June 6, 2022</u> of the attached Articles of Merger for Florida Limited Liability Company Harbour Dental Management LLC for filing. I have also enclosed proof of <u>June 6, 2022</u> submission with fax confirmation.

Please process the attached Articles of Merger with the effective date as of <u>June 6</u>, <u>2022</u>. Should you have any questions or issue regarding the request for filing effective <u>June 6</u>, <u>2022</u>, please do not hesitate to contact me at (904) 297-0982 or via email <u>erika@rezlegal.com</u>.

Thank you.

Erika Rivera

From:

Nextiva vFax <notifications@nextivafax.com>

Sent:

Monday, June 6, 2022 1:51 PM

To:

Erika Rivera

Subject:

Message Sent: 807239981 | 6/6/2022 10:46:02 AM MST

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807239981

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Success

Sender Name:

Rez Legal

Sender Company:

Rez Legal

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6/6/2022 10:46:02 AM MST 6/6/2022 10:54:02 AM MST

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0.199 sec

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1

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Florida Department of State - 18506176380

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H22000196739-3

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Harbour Dental Management 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:

Kevin	W.	Snyder

Contact Person

Harbour Dental Management LLC

Firm/Company

130 Gateway Circle

Address

St Johns, FL 32259

City, State and Zip Code

kwsnyder@gmail.com

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

For further information concerning this matter, please call:

Kevin W. Snyder

_{at (}904

789-3590

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)

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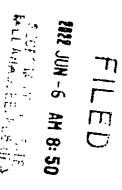
Articles of Merger For Florida Limited Liability Company

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>	<u>Jurisdiction</u>	Form/Entity Type
Kevin W. Snyder, D.D.S., P.A.	Florida	Professional Corporation
Harbour Dental Care, P.A.	Florida	Professional Corporation
Harbour Dental Care St. Johns, P.A.	Florida	Professional Corporation
SECOND: The exact name, form/entity ty	pe, and jurisdiction of the <u>sur</u>	viving party are as follows:
<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
Harbour Dental Management 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).



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H22000196739 3

<u>FOUR</u>	TH: Please check one of the bo	xes that ap	ply to surviving e	ntity: (if applicable)	1144	20001707373
	This entity exists before the meaning are attached.	rger and is	a domestic filing o	entity, the amendment, if a	ıny to its public	e organic record
	This entity is created by the merger and is a domestic filing entity, the public organic record is attached.					ied.
	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:					
	1: This entity agrees to pay any n 1006 and 605.1061-605.1072, F.		ith appraisal rights	the amount, to which mer	nbers are entit	led under
	4: If other than the date of filing fter the date this document is filed				t be prior to no	or more than 90
as the	If the date inserted in this block of document's effective date on the	Departmer	, ,		nts, this date w	ill not be listed
	NTH: Signature(s) for Each Part	ty:			Typed or P	
Name of Entity/Organization:		Signature(s):		Name of In		
	oour Dental Managemer		Company or		Kevin W.	
Kev	in W. Snyder, D.D.S.,	P.A.	72.55	<u> </u>	Kevin W.	Snyder
Har	bour Dental Care, P	. A .		ŀ	Kevin W.	Snyder
Harb	our Dental Care St. Johns	s, P.A.		ŀ	Kevin W.	Snyder
Corpoi	rations:			President or Officer nature of incorporator.)		
	al partnerships:	Signature	of a general partn	er or authorized person		
Florida Limited Partnerships: Signatures of a			s of all general par			
	lorida Limited Partnerships: d Liability Companies:		of a general partn of an authorized p			
		_	\$25.00		•	\$35.00
Fees:	For each Limited Liability Com For each Limited Partnership:	pany.	\$23.00 \$52.50	For each Corporation For each General Par		\$33.00 \$25.00
	For each Other Business Entity:	:	\$25.00	Certified Copy (opti	•	\$30.00