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.

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To:

Division of Corporations

Fax Number 10501612 5055 Fax Number : (850) 617-6380 From: Account Name : BUSH ROSS, P.A. Account Number: I19990000150 Phone : (813) 224-9255 Fax Number : (813)223-9620 Enter the email address for this business entity to be used for future. Email Address:_ MERGER OR SHARE EXCHANGE DIVERSICON WFF, LLC Certificate of Status Certified Copy 1 Page Count 02 SEP 0 2 2021 Estimated Charge \$58.751 I ALBRITTON

Articles of Merger For Florida Limited Liability Company

EFFECTIVE DATE

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
DIVERSICON, LLC	FLORIDA	LLC
	<u> </u>	
SECOND: The exact name, form/entity typ	e, and jurisdiction of the survi	ving party are as follows:
Name	<u>Jurisdiction</u>	Form/Entity Type
DIVERSICON WFF, LLC	FLORIDA	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).

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FOUR	TH: Please check one of the o	oxes mar app	ny to sarviving en	idiy. (if applicable)				
XI	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:							
	1: This entity agrees to pay any 1006 and 605.1061-605.1072, It		h appraisal rights	the amount, to which me	embers are entit	led under		
days at SI	L: If other than the date of filing the date this document is file EPTEMBER 1, 2021 If the date inserted in this block document's effective date on the	ed by the Flor	et the applicable	of State:				
<u>SEVE</u>	NTH: Signature(s) for Each Pa	rty:			Typed or P	trinted		
Name of Entity/Organization:			Signature(s):		Name of Individual:			
DIV	ERSICON, LLC		11 / 1		ROBERT W. TOLB	ERT, MANAGER		
DIV	ERSICON WFF, LL	_C	Pw.Jl	4	ROBERT W. TOLB	ERT, MANAGER		
Согро	ations:		•	President or Officer nature of incorporator.)				
Genera	ral partnerships: Signature of a general partner or authorized person							
Florida	a Limited Partnerships: Signatures of all general partners							
	lorida Limited Partnerships: d Liability Companies:		of a general partno of an authorized p					
Fees:	For each Limited Liability Cor	mpany:	\$25.00	For each Corporation	on:	\$35.00		
	For each Limited Partnership:		\$52,50	For each General Pa	artnership:	\$25,00		
	For each Other Business Entity	y:	\$25.00	Certified Copy (or	tional):	\$30,00		