



Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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	To:	Division of Corporations Fax Number : (850)617-6380				
PH 4: 05	From:	Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996				
2022 JUL 13	**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

 INSPIRE AESTHETICS MANAGEMENT, LLC

 Certificate of Status

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Articles of Merger For Florida Limited Liability Company

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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	Jurisdiction	Form/Entity Type
MARIETTA MANAGEMENT, INC.	DELAWARE	CORPORATION
<u> </u>		···

SECOND: The exact name, form/entity type, and jurisdiction of the surviving party are as follows:

Name	Jurisdiction	Form/Entity Type
INSPIRE AESTHETICS MANAGEMENT, LLC	FLORIDA	LIMITED LIABILITY COMPANY

<u>THIRD</u></u>: 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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2022-07-13 13:31:52 CST

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FOURTH: Please check one of the boxes that apply to surviving entity: (if applicable)

X 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>FIFTH</u>: This entity agrees to pay any members with appraisal rights the amount, to which members are entitled under ss.605.1006 and 605.1061-605.1072, F.S.

<u>SINTH:</u> If other than the date of filing, the delayed effective date of the merger, which cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State:

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

SEVENTH: Signature(s) for Each Party:

Name of Entity/Organization: MARIETTA MANAGEMENT, INC.	Signature(s): /s/ Andrew Joy	۸	Typed or Printed Name of Individual: Andrew Joy, President Andrew Joy, Authorized Person			
INSPIRE AESTHETICS MANAGEMENT, LLC		/s/ Andrew Joy				
Corporations:			President or Officer			
General partnerships:	(If no directors selected, signature of incorporator.) Signature of a general partner or authorized person					
Florida Limited Partnerships:		es of all general par				
		Signature of a general partner				
		e of an authorized p	erson			
Fees: For each Limited Liability Co	For each Limited Liability Company:		For each Corporation:	\$35.00		
For each Limited Partnership:	For each Limited Partnership:		For each General Partn	ership: \$25.00		
For each Other Business Entit	y:	\$25.00	Certified Copy (option	<u>nal)</u> : \$30.00		