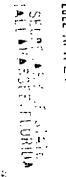
L21000532153

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	= #)
`	,	,
PICK-UP	MAIT	MAIL
(Bı	usiness Entity Nan	ne)
(De	ocument Number)	
Certified Copies	Certificates	of Status
	· · · · · · · · · · · · · · · · · · ·	
Special Instructions to	Filing Officer:	

Office Use Only



100386090111



22 APR 21 ANIO: 43

RE APR 21 PM 3:

OFFICE OF

LLC Merger 425/22 DC CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 632,800 / 4305390

AUTHORIZATION : THE ME

COST LIMIT : \$ 50.00

ORDER DATE: April 21, 2022

ORDER TIME : 2:23 PM

ORDER NO. : 632800-055

CUSTOMER NO: 4305390

ARTICLES OF MERGER

KASH FLOW 18, LLC

INTO

KASH FLOW 18, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Kash Flow 18, LLC		
SOBOBE 1.	Name of Surviving Party	
The enclosed Certificate of Merger and fee(s)	are submitted for filing.	
Please return all correspondence concerning the	his matter to:	
Kim McEllen		
Contact Person		
c/o Cole Schotz P.C.		
Firm/Company		
Court Plaza North, 25 Main Street		
Address		
Hackensack, NJ 07601		
City, State and Zip Co	ode	
kmcellen@coleschotz.com		
E-mail address: (to be used for future a	annual report notification)	
For further information concerning this matter	r, please call:	
Kim McEllen	at () 525-6221	
Name of Contact Person	Area Code Daytime Telephone Number	
☐ Certified copy (optional) \$30.00		
STREET ADDRESS:	MAILING ADDRESS:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle	P. O. Box 6327 Tallahassee, FL 32314	
Tallahassee, FL 32301	rananassee, i.e. 52514	

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.

FIRST: The exact name, form/entity type, and jurisdiction for each merging party are as follows:

Name Kash Flow 18, LLC	Jurisdiction New York	Form/Entity Type LLC	
SECOND: The exact name, form/entity type	, and jurisdiction of the surviving p	party are as follows:	
Name	Jurisdiction	Form/Entity Type	
Kash Flow 18, LLC	Florida	LLC L2	

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).

FILED

202 APR 21 ANIO: LO

<u> FUU</u>	RIM: Please check one of the	ne boxes that a	pply to survivin	g entity: (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:								
FIFTI	H: This entity agrees to pay ar	ny members wi	th appraisal righ	ts the amount, to which members are er	ntitled under				
ss.605	.1006 and 605.1061-605.1072	., F.S.							
SIXTI	H: If other than the date of fil	ing, the delaye	d effective date	of the merger, which cannot be prior to	nor more than 90				
days a	fter the date this document is	filed by the Flo	rida Department	of State;	not more than 90				
Note:	If the date inserted in this blo	al: .da.sa	- 1' 1'						
as the	document's effective date on t	the Department	of State's recor	statutory filing requirements, this date	will not be listed				
	NTH: Signature(s) for Each I								
SL V E	Signature(s) for Each i	rarty:		Turned on	. Deiese a				
	of Entity/Organization:		Signature(s): //		Typed or Printed Name of Individual:				
Kash F	Flow 18, LLC - New York		July he	Peter Kash					
Kash F	Flow 18, LLC - Florida		lot fo	Peter Kash					
		· -							
Corpora									
Corpor	ations;	Chairman,	Vice Chairman, tors selected sig	President or Officer					
	eral partnerships: Signature of a general partner or authorized person								
	ida Limited Partnerships: Signatures of all general partners Florida Limited Partnerships: Signature of a general partner								
	Liability Companies:	Signature o	i a generai parin f an authorized p	er Person					
Fees:	For each Limited Liability Co	ompany.	\$25.00	For each Come					
	For each Limited Partnership	:	\$52.50	For each Corporation: For each General Partnership:	\$35.00 \$25.00				
	For each Other Business Enti	ty:	\$25.00	Certified Copy (optional):	\$30.00 \$30.00				