122000053125				
(Requestor's Name) (Address) (Address)	800415967458			
(City/State/Zip/Phone #)	09/22/2301009021 ++25.00			
(Business Entity Name) (Document Number)	:1/20/2501010013 ++25.00			
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TO: Amendment Section

Division of Corporations

COUNTY PRESTRESS & PRECAST LLC SUBJECT:

Name of Surviving Party

The enclosed Certificate of Merger and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

BOB STOEHR

Contact Person

COUNTY PRESTRESS & PRECAST LLC

Firm/Company

PO BOX 100

Address

MARATHON, WI 54448

City, State and Zip Code

BOB.STOEHR@COUNTYMATERIALS.COM

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

For further information concerning this matter, please call:

BOB STOEHR

Name of Contact Person

_{at (}715 Davtime Telephone Number

870-4645

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)



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 17, 2023

BOB STOEHR COUNTY PRESTRESS & PRECAST LLC PO BOX 100 MARATHON, WI 54448

SUBJECT: COUNTY PRECAST LLC Ref. Number: L22000053125

We have received your document for COUNTY PRECAST LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Operations Manager A

Letter Number: 223A00024100

1.10.0000

Articles of Merger For 7 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 COUNTY PRECAST LLC	Jurisdiction FLORIDA	Form/Entity Type LLC - Laacoo 33/29

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

Name COUNTY PRESTRESS & PRECAST LLC UISCONSIN

Form/Entity Type .C

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).



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

COUNTY PRESTRESS & PRECAST LLC

PO BOX 100 MARATHON, WI 54448

FIFTH: 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.

SIXTH: 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:

NOVEMBER 1, 2023

<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.

Typed or Printed

SEVENTH: Signature(s) for Each Party:

Name of Entity/Organization:	Signature(s):	Name of Individual:
COUNTY PRECAST LLC	1 Study	BOB STOEHR, SECRETARY
COUNTY PRESTRESS & PRECAST LLC	Astal	BOB STOEHR, SECRETARY

Corporations:

General partnerships: Florida Limited Partnerships: Non-Florida Limited Partnerships: Limited Liability Companies: Chairman, Vice Chairman, President or Officer (*If no directors selected, signature of incorporator.*) Signature of a general partner or authorized person Signatures of all general partners Signature of a general partner Signature of an authorized person

Fees:	For each Limited Liability Company:	\$25.00	For each Corporation:	\$35.00
	For each Limited Partnership:	\$52.50	For each General Partnership:	\$25.00
	For each Other Business Entity:	\$25.00	Certified Copy (optional):	\$30.00