

L22000142520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

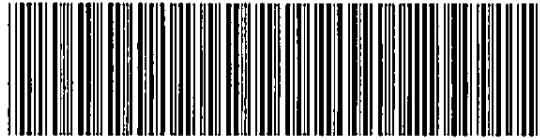
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2024 FEB 19 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FL

Mugh

MAWICKE GOISMAN

ATTORNEYS AT LAW
A LIMITED LIABILITY SERVICE CORPORATION

1509 NORTH PROSPECT AVENUE
MILWAUKEE, WISCONSIN 53202

TELEPHONE: 414-224-0600

FAX: 414-224-9359

WEB: www.mawickelaw.com

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DAVID A. WEBER

Business Professionals
SCOTT A. KOMP
Certified Public Accountant

December 28, 2023

VIA FEDERAL EXPRESS

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Florida Department of State
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe St., Suite 810
Tallahassee, FL 32303

RE: Articles of Merger –
The Hive Health, LLC and The Hive Ortho Spine, LLC

Ladies and Gentlemen:

Enclosed for filing please find an original executed Articles of Merger to merge The Hive Ortho Spine, LLC, a Florida limited liability company into The Hive Health, LLC, a Florida limited liability company. We have enclosed a check payable to the Florida Department of State in the amount of \$50.00 to cover the filing fee (\$25.00 for each limited liability company).

If you have any questions, please contact me at (414) 224-0600 or by e mail at jmawicke@mawickelaw.com.

Thank you.

Sincerely,


Jeffrey J. Mawicke

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FILED
SECRETARY OF STATE
FLORIDA

Mawicke Goisman, s.c.

ATTORNEYS AT LAW

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February 27, 2024

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VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
Attn: Diane Cushing
The Centre of Tallahassee
2415 N. Monroe St. Suite 810
Tallahassee FL 32303

RE: Articles of Merger
The Hive Health, LLC and The Hive Ortho Spine, LLC

Dear Diane:

Please find enclosed your letter of February 7, 2024 with regard to the above captioned Merger along with the Articles of Merger for same. The annual report of The Hive Ortho Spine, LLC has now been filed.

Please proceed to file the Articles of Merger. Any questions, please contact the undersigned by phone or email at jmawicke@mawickelaw.com.

Very truly yours,


Jeffrey J. Mawicke

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Hive Health, 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:

Jeffrey J. Mawicke

Contact Person

Mawicke & Goisman, S.C.

Firm/Company

1509 N. Prospect Avenue

Address

Milwaukee, WI 53202

City, State and Zip Code

jmawicke@mawickelaw.com

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

For further information concerning this matter, please call:

Jeffrey J. Mawicke at (414) 224-0600

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)

SECRETARY OF STATE
TALLAHASSEE, FL

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2024

JEFFREY J MAWICKE
MAWICKE & GOISMAN S.C.
1509 NORTH PROSPECT AVENUE
MILWAUKEE, WI 53202

SUBJECT: THE HIVE HEALTH LLC
Ref. Number: L22000142520

We have received your document for THE HIVE HEALTH LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a merger, pursuant to s.605.0212(8) and/or s.607.1622 (8), Florida Statutes, each party to the merger must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the articles of merger are submitted for filing.

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: 424A00002736

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TALLAHASSEE, FL
SECRETARY OF STATE

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

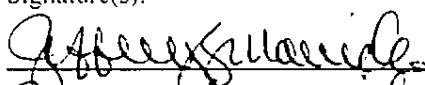
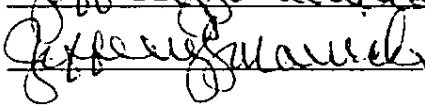
- ☒ This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.
- ☐ This entity is created by the merger and is a domestic filing entity, the public organic record is attached.
- ☐ This entity is created by the merger and is a 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:

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:

Note: 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:	Signature(s):	Typed or Printed Name of Individual:
<u>The Hive Health, LLC</u>		<u>Jeffrey J. Mawicke</u>
<u>The Hlve Ortho Spine, LLC</u>		<u>Jeffrey J. Mawicke</u>
_____	_____	_____
_____	_____	_____

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