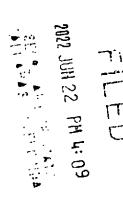
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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DC 6/23/22

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT	NO.	:	I20000000195
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REFERENCE: 764370 4304950

AUTHORIZATION : Symbolic Man

COST LIMIT : \$ 50.00

ORDER DATE : June 21, 2022

ORDER TIME : 8:15 AM

ORDER NO. : 764370-005

CUSTOMER NO: 4304950

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### ARTICLES OF MERGER

GALASAM LLC

INTO

GALASAM LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

### **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Galasam 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:

## Malissa Daniels

Contact Person

## Nutter McClennen & Fish LLP

Firm/Company

155 Seaport Blvd., Boston, MA 02210

Address

Boston, MA 02210

City, State and Zip Code

# mdaniels@nutter.com

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

For further information concerning this matter, please call:

## Malissa Daniels

) 439-2345

Daytime Telephone Number

Name of Contact Person

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)

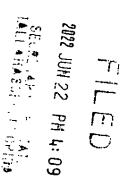
## Articles of Merger For Florida Limited Liability Company

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	<u>Jurisdiction</u>	Form/Entity Type
Galasam LLC	MA	LLC
	<del></del>	
SECOND: The exact name form/entity tur	a and invisibilition of the on-	rigina - north and an Callerina
SECOND: The exact name, form/entity typ	e, and jurisdiction of the <u>surv</u>	
<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
Galasam LLC	FL	Form/Entity Type LLC
		<del></del>

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).



<u>FOU</u>	RTH: Please check one of the	boxes that a	pply to surviving e	ntity: (if applicable)						
7	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 mailing address to which the Florida Statutes is:	that does no department i	t have a certificate may send any proc	of authority to transact bu	siness in this sta 05.0117 and Ch	ate. The apter 48,				
						<u> </u>				
<u>FLFT</u> ss.605	H: This entity agrees to pay and 5.1006 and 605.1061-605.1072,	y members w F.S.	ith appraisal rights	the amount, to which mer	nbers are entitle	ed under				
<u>SIXT</u> days a	<b>H:</b> If other than the date of fili after the date this document is file.	ng, the delaye iled by the Fl	ed effective date o orida Department	the merger, which cannot of State:	be prior to nor	more than 90				
Note:	If the date inserted in this bloc document's effective date on the	ek does not m ne Departmen	eet the applicable	statutory filing requiremen	ts, this date wil	not be listed				
<u>SEVE</u>	NTH: Signature(s) for Each P	arty:		,						
Name	of Entity/Organization:	·	Signature(s)		Typed or Pri Name of Ind					
Ga	lasam LLC		- 5 M/M/1/2	<i>//</i> / 、 E	duardo Finl	kielsztein				
Ga	lasam LLC		1/1/1/1/	<u>и,</u> Е	duardo Finl	kielsztein				
			17							
Согро	rations:			President or Officer						
Genera	al partnerships:			nature of incorporator.) er or authorized person						
	a Limited Partnerships:	tners								
	lorida Limited Partnerships: ed Liability Companies:		of a general partnof an authorized p							
Fees:	For each Limited Liability Co	ompany:	\$25.00	For each Corporation:		\$35.00				
_	For each Limited Partnership.	:	\$52.50	For each General Part	nership:	\$25.00				
	For each Other Business Enti-	ty:	\$25.00	Certified Copy (option	onal):	\$30.00				