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(1	Requestor's Name)								
(/	Address)								
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((	City/State/Zip/Phone #)								
PICK-UP	WAIT	MAIL							
(1	Business Entity Name)								
(Document Number)									
Certified Copies	Certificates of	Status							
Special Instructions to Filing Officer:									

Office Use Only



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10/19/2022

## Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

### **ORDER FORM**

**TO** Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com **FROM** 

Melissa Moreau mmoreau@incserv.com 850.656.7953

**REQUEST DATE** 10/18/2022

**PRIORITY** Regular Approval

OUR REF #\_(Order\_ID#) 1080803

ORDER ENTITY

REGIS FINANCIAL PARTNERS, LLC

850-245-6051

# PLEASE PERFORM THE FOLLOWING SERVICES: REGIS FINANCIAL PARTNERS, LLC (FL)

File the attached merger document

NOTES:

\$50.00 Authorized

#### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

M

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, October 18, 2022 Page 1 of 1

#### COVER LETTER

TO:

Amendment Section

Division of Corporations

SUBJECT: REGIS FINANCIAL PARTNERS, 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:

# JOHN G CRIVELLI

Contact Person

LEXIUM PLLC

Firm/Company

848 BRICKELL AVENUE, 1220

MIAMI, FL 33131

City, State and Zip Code

# john.crivelli@lexiumlegal.com

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

For further information concerning this matter, please call:

JOHN G CRIVELLI

,902-1553

Name of Contact Person

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)

# 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
SYNERGY LIFE BROKERAGE GROUP, LLC

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

Name
SECOND: Durisdiction
SECOND: Form/Entity Type
LLC

Part REGIS FINANCIAL PARTNERS, LLC

Florida

LLC

**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).

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′ 位	This entity exists before the mare attached.	nerger and	is a dom	estic filing	gentity.	the amendment, i	fany to its publi	ic organic record			
	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 of Florida Statutes is:										
	L: This entity agrees to pay any 1006 and 605,1061-605,1072, 1		with app	raisal righ	ts the ar	nount, to which m	embers are entit	tled under			
	L: If other than the date of filin ter the date this document is file.						ot be prior to no	or more than 90			
	If the date inserted in this block locument's effective date on the					ry filing requirem	ents, this date w	rill not be listed			
	NTH: Signature(s) for Each Pa	·	in or su	are s recor	us.						
-3	<u></u> 5-5-1						Typed or F	Printed			
Name	of Entity/Organization:		Signa	ture(s):			Name of Individual:				
SYNE	RGY LIFE BROKERAGE GRO	JP, LLC		26	(Ju)	u-	RICARDO C	ALDERON			
REG	S FINANCIAL PARTNER	RS, LLC	$\subseteq$	Pl		Du	RICARDO C	ALDERON			
Common		Chi.		Ch	D	ent or Officer					
Corpor	ations.					encor Officer of incorporator.)					
Genera	l partnerships:					uthorized person					
	orida Limited Partnerships: Signatures of all general partners										
Non-Fl	on-Florida Limited Partnerships: Signature of a general partner										
Limite	d Liability Companies:	Signatu	re of an	authorized	person						
Fees:	For each Limited Liability Co	mpany		\$25.00	17	or each Corporati	yn.	\$35.00			
4 44177	For each Limited Partnership:			\$52.50		or each Corporati or each General P		\$35.00 \$25.00			
	For each Other Business Entity:			\$25.00		Certified Copy (optional):		\$30.00			