L23000019711

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(City/State/Zip/Phone #)				
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COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJI	Dayman Cult Care	st LLC	
SUBJ	E(.1:	Name of Survi	ving Party
The er	nclosed Certificate of Merger and fee(s) are submitted for f	iling.
Please	return all correspondence concerning	this matter to:	
Any	ra Boytsova		
	Contact Person		-
Bov	vman Consulting Group	Ltd.	
***	Firm/Company		-
123	55 Sunrise Valley Dr.,	Ste 520	
	Address		-
Res	ston, VA 20191		
	City, State and Zip C	ode	-
abo	ytsova@bowman.com		
	E-mail address: (to be used for future	annual report notifi-	cation)
For fu	rther information concerning this matte	er, please call:	
Any	a Boytsova	_{at (} 703) 464-1051 Daytime Telephone Number
	Name of Contact Person	Area Code	Daytime Telephone Number
	Certified copy (optional) \$30.00		
STRE	ET ADDRESS:	MAILI	NG ADDRESS:
	Iment Section		ment Section
	on of Corporations n Building	Divisioi P. O. Be	n of Corporations
	Executive Center Circle		ssee, FL 32314

CR2E080 (2/20)

Tallahassee, FL 32301

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:

<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type	
Robau and Associates, LLC	Florida	LLC	_
# L08000011557			
		PASE?	7
SECOND: The exact name, form/entity type	e, and jurisdiction of the <u>survi</u>	ving party are as follows:	Fai
<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type	ö <u>,</u> 0
Bowman Gulf Coast LLC	Florida	LLC O	<u> </u>
# L23000069711			(J

<u>THIRD:</u> 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>FOUR</u>	TH: Please check one of the bo	exes that ap	ply to surviving en	tity: (if applicable)			
Ø	This entity exists before the me are attached.	rger and is	a domestic filing e	ntity, the amendment, if	any to its public	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 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:						
SIXTH days af Note: as the constraint of the co	1: This entity agrees to pay any recommend to the date of filing for the date this document is file. If the date inserted in this block document's effective date on the NTH: Signature(s) for Each Particle Entity/Organization:	.s. the delayed by the Floodoes not m Departmenty:	ed effective date of prida Department o	the merger, which cannot state: tatutory filing requirements	ot be prior to nor ents, this date wil Typed or Pr Name of Inc	more than 90 I not be listed inted dividual:	
	au and Associates,		350310165488430		Emilio J. Robau,Man		
Bow	vman Gulf Coast LL	<u> </u>	PACE		Robert Hickey	, Manager	
Corpor	rations:	•	• • • • • • • • • • • • • • • • • • • •	President or Officer			
Genera	al partnerships:			nature of incorporator.) er or authorized person			
	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						
Limite	d Liability Companies:	Signature	of an authorized p	erson			
Fees:	For each Limited Liability Con	npany:	\$25.00	For each Corporation	on:	\$35.00	
	For each Limited Partnership:		\$52.50	For each General Pa	artnership:	\$25.00	
	For each Other Business Entity	:	\$25.00	Certified Copy (or	<u>tional)</u> :	\$30.00	

COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJI	_{ECT:} Bowman Gulf Coast	LLC	
		Name of Survi	ving Party
The en	closed Certificate of Merger and fee(s)	are submitted for f	iling.
Please	return all correspondence concerning th	nis matter to:	
Any	a Boytsova		
	Contact Person		-
Bov	vman Consulting Group	Ltd.	
	Firm/Company		-
123	55 Sunrise Valley Dr., S	te 520	
_	Address		-
Res	ston, VA 20191		
	City, State and Zip Co	de	-
abo	ytsova@bowman.com		
	E-mail address: (to be used for future a	nnual report notifi	cation)
For fur	ther information concerning this matter	nlease call:	
_	a Boytsova		.464-1051
	Name of Contact Person	at (Area Code) 464-1051 Daytime Telephone Number
	Certified copy (optional) \$30.00		
STRE:	ET ADDRESS:	MAILI	NG ADDRESS:
	Iment Section		ment Section
	on of Corporations		n of Corporations
	Building	P. O. Bo	
	Executive Center Circle assee, FL 32301	Tallahas	ssee, FL 32314
	-0040(1 E 2-2-2-01		

CR2E080 (2/20)

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Robau and Associates, LLC	Florida	LLC 星
# L08000011557		SER
		2 6
		5
SECOND: The exact name, form/entity typ	e, and jurisdiction of the <u>sur</u>	viving party are as follows:
<u>Name</u>	Jurisdiction	Form/Entity Type
Bowman Gulf Coast LLC	Florida	LLC
11 1 0000000744		

#L23000069711

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).

FOUR	RTH: Please check one of the b	oxes that ap	oply to surviving er	itity: (if applicable)			
7	This entity exists before the mare attached.	erger and is	a domestic filing e	entity, the amendment, if	any to its public	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 to mailing address to which the conformal Statutes is:						
FIFTI ss.605	H: This entity agrees to pay any .1006 and 605.1061-605.1072. I	members w F.S.	ith appraisal rights	the amount, to which me	embers are entitle	ed under	
SIXT	H: If other than the date of filin	g, the delay	ed effective date of	the merger, which cannot	ot be prior to nor	more than 90	
days a	fter the date this document is fil	ed by the Fl	orida Department o	of State:	·		
as the	If the date inserted in this block document's effective date on the NTH: Signature(s) for Each Particle of Entity/Organization:	e Departmei			Typed or Pr Name of Inc	inted	
Robau and Associates, LLC		Emilio Robau		Emilio J. Robau,Mar	aging Member		
Bov	vman Gulf Coast Ll	C	NAO	46	Robert Hickey	, Manager	
Corno	rations:	Chairma		President or Officer			
,		(If no dir	ectors selected, sig	nature of incorporator.)			
General partnerships: Signature of a general partner or authorized person Florida Limited Partnerships: Signatures of all general partners							
Non-F	Torida Limited Partnerships: d Liability Companies:	Signature	e of an authorized p	er			
Fees:	For each Limited Liability Co	mpany:	\$25.00	For each Corporatio	n:	\$35.00	
	For each Limited Partnership:		\$52.50 \$35.00	For each General Pa	rtnership:	\$25.00	
	For each Other Business Entit	у.	\$25.00	Certified Copy (op	tional):	\$30.00	