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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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Certified Copies Certificates of Status
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Office Use Only



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05/15/28--01012--017 **25.00

09/12/23--01004--001 **25.00

1023 SEP -7 PH WWW.



July 24, 2023

TERI R MACO 1400 EASTON RD HELLERTOWN, PA 18055

SUBJECT: LUMINESS MED SPA LLC

Ref. Number: L23000085244

We have received your document for LUMINESS MED SPA LLC and check(s) totaling \$25.00. However, the document has not been filed and is being returned for the following reason(s):

There is a balance due of \$25.00. Please return a copy of this letter to ensure your money is properly credited.

The fee is \$25 for each merging party. The total fee to file the merger is \$50. $\tilde{00}$

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.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 423A00016425

www.sunbiz.org

COVER LETTER

Division of Corporations P. O. Box 6327

Tallahassee, FL 32314

TO: Amendment Section Division of Corporations						
SUBJECT: Luminess Med Spa L	LC					
Substicit.	Name of Surviving Party					
The enclosed Certificate of Merger and fee(s) and	re submitted for fi	ling.				
Please return all correspondence concerning this	s matter to:					
Teri R Maco AFSP						
Contact Person						
Maco and Associates LLC						
Firm/Company		•				
1400 Easton Rd						
Address						
Hellertown, PA 18055						
City, State and Zip Code	e					
tmaco@macoassociates.cor	n					
E-mail address: (to be used for future an	nual report notific	cation)				
For further information concerning this matter.	nlease call·					
Teri R Maco	610	,5904870				
	_at (.)				
Name of Contact Person	Area Code	Daytime Telephone Number				
☐ Certified copy (optional) \$30.00						
STREET ADDRESS:	MAILI	MAILING ADDRESS:				
Amendment Section	Amendr	Amendment Section				

CR2E080 (2/20)

Division of Corporations

Tallahassee, FL 32301

Clifton Building 2661 Executive Center Circle

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
Luminess Med Spa LLC	Florida	Schedule C/Disre
On Point Aesthetics LLC	Forida	Schedule C/Disre
(21-214572		
SECOND: The exact name, form/entity typ	be, and jurisdiction of the <u>sur</u>	viving party are as follows:
Name	<u>Jurisdiction</u>	Form/Entity Type
Luminess Med Spa LLC	Florida	1065/Partnership
100 (110 11)		

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).

1911 III II U 1923 SEP -7 PM 4:41

FOUR	TH: Please check one of the bo	oxes that ap	ply to surviving ent	ity: (if applicable)					
v	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 the mailing address to which the de Florida Statutes is:	nat does not epartment r	have a certificate on ay send any proces	f authority to transact be served pursuant to s.	ousiness in this sta 605.0117 and Ch	ate. The apter 48,			
		·							
					00 6	333			
ss.605. SIXTH days af Note: as the co	L: This entity agrees to pay any 1 1006 and 605.1061-605.1072, F L: If other than the date of filing ter the date this document is file If the date inserted in this block document's effective date on the NTH: Signature(s) for Each Par	.S. g, the delayed by the Florida does not m. Departmen	ed effective date of to orida Department of eet the applicable st	he merger, which cann State: atutory filing requirem	ot be prior to nor	more than 0			
Name of Entity/Organization:			Signature(s):	1	Typed or Pr Name of Inc				
On I	Point Aesthetics LL			1	Irene M R	atliff			
Lum	niness Med Spa, LL	С			David C F	Ratliff			
Corpor		(If no dire		ature of incorporator.)					
	l partnerships:	_	• .	r or authorized person					
	rida Limited Partnerships: Signatures of all general partners								
	orida Limited Partnerships: d Liability Companies:		of a general partner of an authorized pe						
Fees:	For each Limited Liability Con	npany:	\$25.00	For each Corporation		\$35.00			
	For each Limited Partnership:	•	\$52.50	For each General P	artnership:	\$25.00			
	For each Other Business Entity	<i>!</i> :	\$25.00	Certified Copy (or	otional):	\$30.00			