

L23000198210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

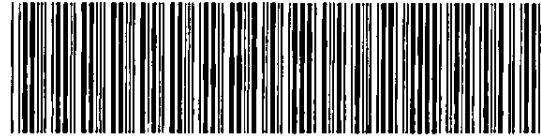
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700407027587

*Merger*

FILED

2023 APR 28 AM 8:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2023 APR 28 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A. RAMSEY

MAY 5 2023

\*02250, 00524, 00671



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 1, 2023

CORPORATION SERVICE COMPANY

TALLAHASSEE, FL 32301

SUBJECT: MLW ASSOCIATES, LLC  
Ref. Number: L23000198210

**RESUBMIT**  
Please give original  
submission date as file date

We have received your document for MLW ASSOCIATES, LLC and the authorization to debit your account in the amount of \$50.00. However, the document has not been filed and is being returned for the following:

Please have an officer for each LLC (the merging and the surviving LLC) sign the merger form in the seventh paragraph on page 2.

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.

Annette Ramsey  
OPS

Letter Number: 623A00009645



2023 MAY -4 AM 11:39

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 709172 4309934

AUTHORIZATION :

COST LIMIT : \$50.00

ORDER DATE : April 28, 2023

ORDER TIME : 2:06 PM

ORDER NO. : 709172-005

CUSTOMER NO: 4309934

ARTICLES OF MERGER

MLW ASSOCIATES, LLC

INTO

MLW ASSOCAITES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MLW Associates, 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:

Kelly Delaney, Corporate Paralegal

Contact Person

McLane Middleton, Professional Association

Firm/Company

900 Elm Street

Address

Manchester, New Hampshire 03101

City, State and Zip Code

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

For further information concerning this matter, please call:

Kelly Delaney at ( 603 ) 628-1417  
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

FILED

2023 APR 28 AM 8:20

Company(ies) in accordance  
4/14/2006

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
MLW Associates, LLC	Massachusetts	Limited Liability Company

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
MLW Associates, LLC	Florida	Limited Liability Company

**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).

**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:

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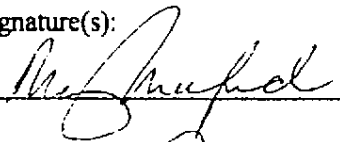
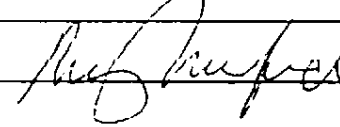
**FIFTH:** This entity agrees to pay any members with appraisal rights the amount, to which members are entitled under ss.605.1006 and 605.1061-605.1072, F.S.

**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:

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**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:
MLW Associates, LLC (a Massachusetts limited liability company)		Mary L. Woodford
MLW Associates, LLC (a Florida limited liability company)		Mary L. Woodford

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

<b><u>Fees:</u></b>	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	<b><u>Certified Copy (optional):</u></b>	\$30.00