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(Requ	uestor's Name)	
(Addr	ess)	
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(City/s	State/Zip/Phon	e #î
(Only)	5.6.6721p// 116/1	,
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
/Doci	ıment Number	<u>,</u>
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Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



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2023 JUN -1 AM 9: 55

RECEIVED 2013 JUN -1 78 3: 13

A. RAMSEY

JUN - 7. 2023

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>06/01/2023</u>		**WALK IN**
ENTITY NAME PVSTE	ED, LLC	
DOCUMENT NUMBER		
	PLEASE FILE TH	HE ATTACHED AND RETURN
	Plaix Copy	
XXXXXX	Certified Copy	
	Certificate of Status	
•		TOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Arts	
	,,,,	& Amendments Complete File (Inclading Annual Reports)
	Certificate of Status	18
	Certificate of Statas Re	ftecling:
	APOSTILLE' / N	NOTARIAL CERTIFICATION
COUNTRY OF DESTINAT	TION	
NUMBER OF CERTIFICA	TES REQUESTED	
TOTAL OWED \$ 80		ACCOUNT # 120140000108 United Corporate Services, Inc. Thank you so much!
Please call Tina at the	he above number for a	ny issues or concerns. Thank you so much!

COVER LETTER

Division of Corporations

Tallahassee, FL 32314

P. O. Box 6327

TO: Amendment Section Division of Corporations SUBJECT: PVSTED, LLC		
	Name of Surv	iving Party
The enclosed Certificate of Merger and fee(s) a	ere submitted for f	īling.
Please return all correspondence concerning this	is matter to:	
Diane Brown		
Contact Person		-
CCB Healthcare Consultants	s LLC	
Firm/Company		-
507 Plum Street, STE 310		
Address		-
Syracuse, NY 13204-1469		
City, State and Zip Cod	c	-
nick@rogersorg.com		
E-mail address: (to be used for future ar	inual report notifi	cation)
For further information concerning this matter,	please call:	
Diane Brown	_{at (} 315	,477-6253
Name of Contact Person	Area Code	Daytime Telephone Number
☐ Certified copy (optional) \$30.00		
STREET ADDRESS: Amendment Section	_	NG ADDRESS: nent Section

CR2E080 (2/20)

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Merger For Florida Limited Liability Company

FILED

2023 JUN - 1 AM 9: 55

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
PVSTED, LLC	FL	LLC
PVSTED, LLC	NY	LLC
SECOND: The exact name, form/ent	ity type, and jurisdiction of the sur	rviving party are as follows:
<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
PVSTED, LLC	FL	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).

DocuSign Envelope iD: 44662899-3C94-4220-8C6A-57C6A2739910

FOUR	TH: Please check one of the l	ooxes that app	ly to surviving en	tity: (if applicable)			
Ø	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 m	erger and is a	domestic filing e	ntity, the public organ	ic record is attache	ed.	
	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:						
							
ss.605.	I: This entity agrees to pay any 1006 and 605.1061-605.1072, II: If other than the date of filing the date date this document is file.	F.S. g, the delayed	effective date of	the merger, which car			
-	e 1, 2023	cd by the rior	ida Department e	i otate.			
as the	If the date inserted in this block document's effective date on the	e Department			ments, this date wi	ll not be listed	
	NTH: Signature(s) for Each Pa		Ci(-)		Typed or Pi Name of In-		
	of Entity/Organization: STED, LLC	;	Signature(s);;	as low	Nicholas J.		
		··········· (Mcholas J. Ko				
PVS	STED, LLC		Mcholas J. Roy	urs	Nicholas J	Rogers	
Corpoi	rations:	(If no direc	tors selected, sig	President or Officer nature of incorporator	:)		
	neral partnerships: Signature of a general partner or authorized person						
	a Limited Partnerships: lorida Limited Partnerships:	Limited Partnerships: Signatures of all general partners orida Limited Partnerships: Signature of a general partner					
	d Liability Companies:		of an authorized p				
Fees:	For each Limited Liability Co	mpany:	\$25.00	For each Corpora	tion:	\$35.00	
	For each Limited Partnership:		\$52.50	For each General	Partnership:	\$25.00	
	For each Other Business Entit	v:	\$25.00	Certified Copy (optional):	\$30.00	