L23000257196

-	(Requestor's Name)
	(Address)
 	(Address)
	(City/State/Zip/Phone #)
	_
PICK-UF	MAIL MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer;

AR'S must be done 07015

Office Use Only

-Have Jalesa or Diane 100k over rejection.



600442650196

RECEIVED

Keep 09 filing date of 1.30.25



January 31, 2025

COGENCY GLOBAL

SUBJECT: JMFREI LLC Ref. Number: L23000257196

We have received your document for JMFREI LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a merger, pursuant to s.605.0212(8) and/or s.607.1622 (8), Florida Statutes, each party to the merger must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the articles of merger are submitted for filing.

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.

Morgan E Lovett Regulatory Specialist II

Letter Number: 225A00002052

please keep original file date 2125 (F3 - 7 F4 2 43

THE DAY OF THE 105



00/07/0005

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date: 02/0	0//2025		
Name: C	heyanne Davis		
Reference #:	2634238		
Entity Name:		JMFREI LLC	
☐ Articles of	Incorporation/Author	rization to Transact Business	
Amendmer	nt		
☐ Change of	Agent		
Reinstaten	nent		
☐ Conversion	١		38
✓ Merger			ME JAH 30 PH 1: 05
☐ Dissolution	/Withdrawal		30 1
☐ Fictitious N	lame		
Other			The State of the S
			·
Authorized Amour	nt: \$50.00	0	
Signature:	(Unum Paine		

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: JMFREI 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:
Amy Brown
Contact Person
Katz Teller
Firm/Company
255 E 5th St Ste 2400
Address
Cincinnati OH 45202
City, State and Zip Code
abrown@katzteller.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:

RETARY OF STREET

Name of Contact Person

Area Code

Daytime Telephone Number

Certified copy (optional) \$30.00

STREET ADDRESS:

Amy Brown

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	Jurisdiction	Form/Entity Type
JMFRE1-S LLC	ОН	LLC
		
SECOND: The exact name, form/enti	ity type, and jurisdiction of the sur	viving party are as follows:
Name AR -	Jurisdiction	Form/Entity Type
JMFREILLC 2/6/12	.≤S FL	LLC
L2300025719(\sum_{ρ}	

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.							
_	record is attached	d.						
	This entity is created by the maliability partnership, its statem				ship or a domesti	c limited		
	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 4 Florida Statutes is:							
				-				
	<u>4:</u> This entity agrees to pay any 1006 and 605,1061-605,1072,		appraisal rights	the amount, to which me	embers are entitle	ed under		
Mote:	1: If other than the date of filin fter the date this document is fill lift the date inserted in this block document's effective date on the STU: Signature(c) for Each Principle.	ed by the Flori does not mee c Department of	da Department of	of State:	· ***			
SEVENTH: Signature(s) for Each Party: Name of Entity/Organization: Signature(s):				Typed or Printed Name of Individual:				
JMFRE1-S LLC		J	12/		Joseph Franzese			
JMF	REILLC		11		Joseph Fr	anzese		
Genera Florida Non-Fl	ations: Il partnerships: Limited Partnerships: orida Limited Partnerships: Il Liability Companies:	(If no direct Signature of Signatures of Signature of	ors selected, sign	:r				
Fees:	For each Limited Liability Co For each Limited Partnership: For each Other Business Entity		\$25.00 \$52.50 \$25.00	For each Corporation For each General Pacertified Copy (op	rtnership:	\$35.00 \$25.00 \$30.00		