L73 088 450744

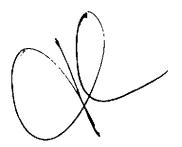
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Casanasa Chan, Hame,
(Document Number)
(bocument Number)
Certified Copies Certificates of Status
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Office Use Only



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RECEIVED





October 5, 2023

COGENCYGLOBAL

SUBJECT: JAIN CONSULTING, LLC

Ref. Number: L23000450744

We have received your document for JAIN CONSULTING, 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:

The document must be signed by each merging party.

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

Sin

Letter Number: 823A00023008

RECEIVED



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

Account#: I20000000088

Date:	10/10/2023	_	
Name:	KEN		
Reference	#:2144704	4	
Entity Nan	ne: J	AIN CONSULTING LLC	1 013
Am	cles of Incorporation/Au endment ange of Agent	thorization to Transact Business	
_	nstatement nversion		
✓ Mer			
☐ Dis	solution/Withdrawal		
☐ Fict	itious Name		
✓ Oth	er** PLEASE	RETAIN ORIGINAL FILE DATE OF 10/4/2023 **	
Authorized	d Amount: \$5	50.00	
Signature:			

COVER LETTER

TO:	Amendment Section Division of Corporations					
eun i	JAIN (CONS	ULTING	G, LLC		
SUBJ	Name of Surviving Party					
The e	nclosed Certificate of Merger and fee(s) a	e subn	iitted for	filing.		
Please	e return all correspondence concerning this	s matte	r to:			
	Deeptee Jain					
	Contact Persor	1				
	Jain Consulting, LLC					
-	Firm/Company			_		
	14579 White Jade Terrace	•				
	Address			_		
	Delray Beach, FL 33446					
	City. State and Zip Cod	e		_		
	deeptee.jain@gmail.c	om				
	E-mail address: (to be used for future an	nual re	port notif	ication)	_	
For fu	arther information concerning this matter,	please	call:			
	Erica Au	at (415)	398-5300 x103	
	Name of Contact Person	_ '	Are	a Code	Daytime Telephone Number	
	Certified copy (optional) \$30.00					
STREET ADDRESS:			MAILING ADDRESS:			
Amendment Section			Amendment Section			
Division of Corporations Clifton Building			Division of Corporations P. O. Box 6327			
	Executive Center Circle				, L 32314	
	hassee, FL 32301					

CR2E080 (2/14)

L73-450744

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
Jain Consulting LLC	Missouri	LLC
		_
SECOND: The exact name, form/entity type	, and jurisdiction of the surviy	ing party are as follows:
Name	<u>Jurisdiction</u>	Form/Entity Type
Jain Consulting, LLC	Florida	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: 72BB6CB7-9BE9-4522-A24E-168D02A58485

<u>FOUR</u>	RTH: Please check one of the b	oxes that app	ly to surviving er	itity: (if applicable)				
펼	This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.							
J	This entity is created by the m	erger and is a	domestic filing c	entity, the public organic record is attach	hed.			
J	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 t mailing address to which the c Florida Statutes is:	hat does not h lepartment ma	ave a certificate y send any proce	of authority to transact business in this ess served pursuant to s. 605.0117 and C	state. The Chapter 48.			
					2023			
	_			- - - ·	2023 OCT			
					- 1			
	1: This entity agrees to pay any .1006 and 605.1061-605.1072. I		n appraisal rights	the amount, to which members are enti-	tled under			
SIXTI	H: If other than the date of filin	g, the delayed	effective date of	the merger, which cannot be prior to no	or more than 90			
days a	fter the date this document is file	ed by the Flor	ida Department o	of State:	or more than 20			
	If the date inserted in this block document's effective date on the			statutory filing requirements, this date v s.	vill not be listed			
<u>SEVE</u>	NTH: Signature(s) for Each Pa	rty:						
Name	of Entity/Organization:	S	Signature(s):	Typed or Printe Name of Individua				
	Jain Consulting, LLC		Docusigned by:	Deepte				
	Jain Consulting LLC		10000	Deepte	ee Jain			
			B8CEAC5C097F42C					
Corpo	rations:			President or Officer				
Genera	al partnerships:	-	••	nature of incorporator.) er or authorized person				
Florida	eneral partnerships: Signature of a general partner or authorized person orida Limited Partnerships: Signatures of all general partners							
	forida Limited Partnerships: d Liability Companies:		f a general partne f an authorized p					
CHILLE	а глаониу Сопрашев.	Signature 0	i an aumorized p	CISOH				
Fees:	For each Limited Liability Con	npany:	\$25.00	For each Corporation:	\$35.00			
	For each Limited Partnership: For each Other Business Entity	v:	\$52.50 \$25.00	For each General Partnership: Certified Copy (optional):	\$25.00 \$30.00			
	ware Salet Experience Faller	. •	ψ±2.00	Service Copy (optional).	ψ50.00			