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Electronic Filing Cover Sheet

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**FILE FIRST, BEFORE H23000361863

480.00

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Estimated Charge

Corporate Filing Menu

Help

COVER LETTER

H23000361860

TO:

Amendment Section Division of Corporations

SUBJECT: Travel Life Newco, 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:

Farrar Barker

Contact Person

Barker Williams, PLLC

Firm/Company

60 Clayton Lane

Address

Santa Rosa Beach, FL 32459

City, State and Zip Code

ryan.m@travellifevacations.com

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

For further information concerning this matter, please call:

Ryan Martin

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533-9920

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
Tallahassec, 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

H23000361860

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 119-84707 Travel Life Vacations, LLC	Jurisdiction Florida	Form/Entity Type limited liability company
Travel Life Newco, LLC	Florida	limited liability company
	 	
SECOND: The exact name, form/entity typ	e, and jurisdiction of the <u>surv</u>	viving party are as follows:
Name_	<u>Jurisdiction</u>	Form/Entity Type
Travel Life Newco, LLC	Florida	limited liability company
123-41,8812		

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).

FOUR	TH: Please check one of the be	oxes that ap	oly to surviving er	itity: (if applicable)	H23000	0361860
V	This entity exists before the me are attached.	erger and is	a domestic filing e	ntity, the amendment, if	fany to its public o	organic record
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	This entity is created by the me liability partnership, its stateme				ship or a domestic	limited
	This entity is a foreign entity the mailing address to which the deficiency as the florida Statutes is:					
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	1: This entity agrees to pay any r 1006 and 605,1061-605,1072, F		h appraisal rights	the amount, to which m	embers are entitled	l under
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Tra	vel Life Newco,	LLC	Figure Martin		Ryan Ma	rtin
						
					 	
Corpor	ations:			President or Officer		
	l partnerships:	Signature	of a general partne	nature of incorporator.) or or authorized person		
Non-Fl	Limited Partnerships: orida Limited Partnerships: d Liability Companies:	Signature	of all general par of a general partne of an authorized p	r		
Fees:	For each Limited Liability Con	npany:	\$25.00	For each Corporation		\$35.00
	For each Limited Partnership: For each Other Business Entity	••	\$52.50 \$25.00	For each General Pa		\$25.00 \$30.00