

\*\*\*CORRECTED

**L23 000547270**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H24000000630 3)))



H240000006303ABCP

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

2024 JAN 11 AM 10:44

FILED

**MERGER OR SHARE EXCHANGE  
MY BUSINESS PLATFORM, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$68.75

\*\*\*CORRECTED

Electronic Filing Menu

Corporate Filing Menu

Help

2024 JAN 11 PM 12:59

850-617-6381

1/5/2024 7:18:10 AM PAGE 1/001 Fax Server



January 4, 2024

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MY BUSINESS PLATFORM, LLC  
20423 SR 7 STE F6-249  
BOCA RATON, FL 33498US

SUBJECT: MY BUSINESS PLATFORM, LLC  
REF: L23000547270

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet:

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.

If you have any further questions concerning your document, please call (850) 245-6906.

Jaleesa S Dennis  
Regulatory Specialist II Supervisor  
Amendment Section

FAX Aud. #: H24000000630  
Letter Number: 724A00000246

2024 JAN 11 AM 10:44

FILED

DocuSign Envelope ID: 65231C4B-4C57-456C-9C50-FBE16913A103

## COVER LETTER

H24000000630

TO: Amendment Section  
Division of Corporations

SUBJECT: **My Business Platform, LLC**

Name of Surviving Entity

The enclosed Articles of Merger and fee are submitted for filing.

Please return all correspondence concerning this matter to following:

**Maria Comitto**

Contact Person

**My Business Platform, LLC**

Firm/Company

**20423 SR 7 Ste F6-249**

Address

**Boca Raton, FL 33498**

City/State and Zip Code

**mcomitto @cmsdentalpro.com**

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

For further information concerning this matter, please call:

**Lisa Weigel**

Name of Contact Person

At ( **312** ) **627-2296**

Area Code & Daytime Telephone Number

☐ Certified copy (optional) \$8.75 (Please send an additional copy of your document if a certified copy is requested)

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**IMPORTANT NOTICE:** Pursuant to s.607.1622(8), F.S., each party to the merger must be active and current in filing its annual report through December 31 of the calendar year which this articles of merger are being submitted to the Department of State for filing.

H24000000630

DocuSign Envelope ID: 65231C4B-4C57-456C-9C50-FBE15913A103

H24000000630

## ARTICLES OF MERGER

The following articles of merger are submitted in accordance with the Florida Business Corporation Act, pursuant to section 607.1105, Florida Statutes.

**FIRST:** The name and jurisdiction of the surviving entity:

<u>Name</u>	<u>Jurisdiction</u>	<u>Entity Type</u>	<u>Document Number</u> (If known/ applicable)
<u>My Business Platform, LLC</u>	<u>FL</u>	<u>LLC</u>	<u>L23000547270</u>

**SECOND:** The name and jurisdiction of each merging eligible entity:

<u>Name</u>	<u>Jurisdiction</u>	<u>Entity Type</u>	<u>Document Number</u> (If known/ applicable)
<u>My Business Platform, Inc</u>	<u>NY</u>	<u>Corp</u>	

**THIRD:** The merger was approved by each domestic merging corporation in accordance with s.607.1101(1)(b), F.S., and by the organic law governing the other parties to the merger.

FILED  
2024 JAN 11 AM 10:44  
NOTES: 1/11/24

H24000000630

DocuSign Envelope ID: 65231C4B-4C67-456C-9C50-FBE16913A103

**FOURTH:** Please check one of the boxes that apply to surviving entity:

H24000000630

- ☒ This entity exists before the merger and is a domestic filing entity.
- ☐ This entity exists before the merger and is not authorized to transact business in Florida.
- ☐ This entity exists before the merger and is a domestic filing entity, and its Articles of Incorporation are being amended as attached.
- ☐ This entity is created by the merger and is a domestic corporation, and the Articles of Incorporation are attached.
- ☐ This entity is a domestic eligible entity and is not a domestic corporation and is being amended in connection with this merger as attached.
- ☐ This entity is a domestic eligible entity being created as a result of the merger. The public organic record of the survivor 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.

**FIFTH:** Please check one of the boxes that apply to domestic corporations:

- ☒ The plan of merger was approved by the shareholders and each separate voting group as required.
- ☐ The plan of merger did not require approval by the shareholders.

**SIXTH:** Please check box below if applicable to foreign corporations:

- ☒ The participation of the foreign corporation was duly authorized in accordance with the corporation's organic laws.

**SEVENTH:** Please check box below if applicable to domestic or foreign non corporation(s).

- ☒ Participation of the domestic or foreign non corporation(s) was duly authorized in accordance with each of such eligible entity's organic law.

FILED  
2024 JAN 11 AM 10:44  
CLERK OF COURT  
JAMES J. FLYNN

H24000000630

DocuSign Envelope ID: 85231C4B-4C57-456C-9C50-FBE15913A103

H24000000630

**EIGHTH:** 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:

**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.

**NINTH:** Signature(s) for Each Party:

Name of Entity/Organization:

My Business Platform, LLC

My Business Platform, Inc

Signature(s) Signed by:

Dr. Joseph Fertucci, DDS

Dr. Joseph Fertucci, DDS

Typed or Printed  
Name of Individual:

Joseph J. Fertucci

Joseph J. Fertucci

Corporations:

General partnerships:

Florida Limited Partnerships:

Non-Florida Limited Partnerships:

Limited Liability Companies:

Chairman, Vice Chairman, President or Officer

(If no directors selected, signature of incorporator.)

Signature of a general partner or authorized person

Signatures of all general partners

Signature of a general partner

Signature of an authorized person

FILED  
2024 JAN 11 AM 10:44  
TALLAHASSEE, FL  
CLERK OF THE CIRCUIT COURT

H24000000630