L24000222367

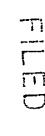
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

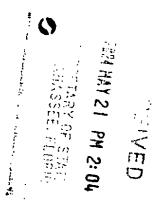
Office Use Only



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CT CORP

(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

05/21/2024

D	Acc#120160000072
	Acc#120160000072
Name:	Bates Financial Services LLC
Document #:	
Order #:	15577645 - 1
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of	
Apostille/Notarial Certification:	Country of Destination: Number of Certs:
Filing:	Certified:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 80.00

Thank you!

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: EBates Financial Services LLC	
Name of Surv	ving Party
The enclosed Certificate of Merger and fec(s) are submitted for f	iling.
Please return all correspondence concerning this matter to:	
Kristen M. Deignan	
Contact Person	•
Berluti McLaughlin & Kutchin LLP	
Firm/Company	
44 School Street, 9th Floor	r
Address	·
Boston, MA 02108	
City, State and Zip Code	
kdeignan@bmklegal.com	
E-mail address: (to be used for future annual report notifie	cation)
For further information concerning this matter, please call:	•
Kristen Deignan617	557-2935
Name of Contact Person Area Code	Daytime Telephone Number
Name of Confact Person Area Code	Daytime Telephone Number
Certified copy (optional) \$30.00	

STREET ADDRESS:

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:

<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
Bates Financial Services LLC	Massachusetts	LLC
-		
		1
		<u> </u>
SECOND: The exact name, form/entity typ	e, and jurisdiction of the surviv	ing party are as follows:
<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
EBates Financial Services LLC	Florida	LL¢

<u>THIRD:</u> 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).

PILED
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FOUR	TH: Please check one of the bo	xes that app	ly to surviving er	ntity: (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.								
	This entity is created by the merger and is a domestic filing entity, the public organic record 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.								
	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, SIXTH days af Note: as the d	This entity agrees to pay any man to 1006 and 605.1061-605.1072, F.S. I: If other than the date of filing, her the date this document is filed to the date inserted in this block of comment's effective date on the later. Signature(s) for Each Part	the delayed by the Flor loes not mee Department	effective date of ida Department of	the merger, which canr f State: tatutory filing requirem	not be prior to nor m	nore than 90			
	of Entity/Organization: es Financial Services		Signature(s):	10	Name of Indiv John T. McLa	^{vidual:} aughlin			
EBat	tes Financial Services	LLC	John J. M		John T. Michael				
Florida Non-Flo	ations: partnerships: Limited Partnerships: orida Limited Partnerships: Liability Companies:	(If no direction Signatures of Signature of	tors selected, sign	r	F1.6	0			
Fees:	For each Limited Liability Com- For each Limited Partnership: For each Other Business Entity:		\$25.00 \$52.50 \$25.00	For each Corporation For each General Pertified Copy (or	artnership;	\$35.00 \$25.00 \$30.00			