L240003H225

(Red	questor's Name)		
(Add	dress)		
(Add	dress)		
(City	y/State/Zip/Phon	ne #)	
PICK-UP	MAIT	MAIL	
(D.,	ainana Ensiste Nia		
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			
1	J. H	ORNE 6 2024	
	NEC	, , , v	
	ULC -	6 2024	





000434917370

09/20/24--01029--012 **25.00

10/18/24--01017--003 **25.00



August 26, 2024

JULIAN ALVAREZ 121 HOLDERNESS DRIVE LONGWOOD, FL 32779 US

SUBJECT: ALVA LABS LLC Ref, Number: L24000314225

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

IN ORDER TO FILE YOUR MERGER YOU WILL NEED TO SEND IN AN ADDITIONAL \$25.00 FOR YOUR SECOND ENTITY.

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.

Jasmine N Horne Regulatory Specialist II

Letter Number: 224A00019072



COVER LETTER

TO:	Amendment Section
	Division of Corporations

SUBJECT: ALVA LABS 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:

JULIAN ALVAREZ

Contact Person

ALVA LABS LLC

Firm/Company

121 HOLDERNESS DRIVE

Address

LONGWOOD, FL, 32779

City, State and Zip Code

julian@alvalabsconsulting.com

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

For further information concerning this matter, please call:

Julian Alvarez

,407

670-9547

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 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

FILED

2024 DCT 28 PM 4: 03

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:

ALVA LABS LLC	NEW YORK	Form/Entity Type LLC
ALVA LABS LLC	FLORIDA	LLC
TIEVI ENDO LEO		
		<u> </u>
SECOND: The exact name, form/entity	type, and jurisdiction of the survivin	g party are as follows:
Name	Jurisdiction	Form/Entity Type
ALVA LABS 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).

FOURTH: Please check one of the boxes that apply to surviving entity: (if applicable) $\overline{2}$ 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: F1FTH: This entity agrees to pay any members with appraisal rights the amount, to which members are entitled under ss.605.1006 and 605.1061-605.1072, F.S. **SIXTH:** 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: 8/31/2024 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. **SEVENTH:** Signature(s) for Each Party: Typed or Printed Name of Individual: Name of Entity/Organization: ALVA LABS LLC JULIAN ALVAREZ Corporations: Chairman, Vice Chairman, President or Officer (If no directors selected, signature of incorporator.) Signature of a general partner or authorized person General partnerships: Signatures of all general partners Florida Limited Partnerships: Signature of a general partner Non-Florida Limited Partnerships: Signature of an authorized person Limited Liability Companies: For each Corporation: \$35.00 Fees: For each Limited Liability Company: \$25.00 For each General Partnership: For each Limited Partnership: \$52.50 \$25.00

\$25.00

For each Other Business Entity:

Certified Copy (optional):

\$30.00