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09/12/24--01004--023 **55.00

FILED 2024 SEP 12 PH12: 40

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Redworth Investm	nents LLC	
SOBJECT:	Name of Survi	ving Party
The enclosed Certificate of Merger and fee	(s) are submitted for fi	ling.
Please return all correspondence concerning	this matter to:	
Joan Nesbitt		
Contact Person		
Redworth Investments Ll	_C	
Firm/Company		
868 W Street Rd. Unit 40	05	
Address		
Warminster, PA 18974		
City, State and Zip	Code	
jnesbitt@mennenmedica	l.com	
E-mail address: (to be used for future	e annual report notific	ration)
For further information concerning this man		0504000
Joan Nesbitt	a ₍ 215	₎ 2591028
Name of Contact Person	Area Code	Daytime Telephone Number
☐ Certified copy (optional) \$30.00		
STREET ADDRESS:		NG ADDRESS:
Amendment Section		nent Section
Division of Corporations Clifton Building	Division P. O. Bo	of Corporations
2661 Executive Center Circle		see, FL 32314
Tallahassee, FL 32301		

CR2E080 (2/20)

Articles of Merger For Florida Limited Liability Company

ny FILED 2024 SEP 12 PH12: 39

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_	<u>Jurisdiction</u>	Form/Entity Type
Redworth Investments LLC	PA	LLC
		<u> </u>
SECOND: The exact name, form/entity type,	and jurisdiction of the survivin	g party are as follows:
<u>Name</u>	Jurisdiction	Form/Entity Type
Redworth Investments LLC	FL	LLC

<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).

<u>FOUR</u>	TH: Please check one of the bo	exes that ap	pply to surviving er	itity: (if applicable)		
?	This entity exists before the me are attached.	rger and is	a domestic filing o	entity, the amendment, if	any to its public	c organic record
	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 the mailing address to which the de Florida Statutes is:			-		
						
ss.605.	1: This entity agrees to pay any r 1006 and 605.1061-605.1072, F 1: If other than the date of filing ter the date this document is file	S. the delaye	ed effective date of	the merger, which cannot		
as the o	If the date inserted in this block document's effective date on the	Departmen			ents, this date wi	ill not be listed
Name o	NTH: Signature(s) for Each Par of Entity/Organization: worth Investments		Signature(s):	/	Typed or P Name of In Angelia A	idividual:
	<u>.</u>	<u>,, , = , , , , , , , , , , , , , , , , </u>				
Corpor	ations:	(If no dire	ectors selected, sig	President or Officer nature of incorporator.)		
Florida Non-Fl	d partnerships: Limited Partnerships: orida Limited Partnerships: d Liability Companies:	Signature Signature	of a general partners of all general partners of all general partners of a general partners of an authorized p	er		
Fees:	For each Limited Liability Con For each Limited Partnership: For each Other Business Entity		\$25.00 \$52.50 \$25.00	For each Corporation For each General Pactified Copy (op	irtnership:	\$35.00 \$25.00 \$30.00

COVER LETTER	t
TO: Amendment Section Division of Corporations	
SUBJECT: Redworth Investments LLC	
Name of Surviving Pa	arty
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Please return all correspondence concerning this matter to:	
Joan Nesbitt	
Contact Person	
Redworth Investments LLC	
Firn/Company	
868 W Street Rd. Unit 405	
Address	
Warminster, PA 18974	
City, State and Zip Code	
jnesbitt@mennenmedical.com E-mail address: (to be used for future annual report notification)	
•	

For further information concerning this matter, please call:

Joan Nesbitt at (215) 2591028

Name of Contact Person Area Code Daytime Telephone Number

Certified copy (optional) \$30.00

STREET ADDRESS:

 \Box

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)

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		0
SECOND: The exact name, form/entity typ	e, and jurisdiction of the sur	rviving party are as follows:
<u> </u>	-, januaranen et ana <u>e</u>	party are as rollows.
Name	<u>Jurisdiction</u>	Form/Entity Type
Redworth Investments LLC	FL	LLC

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FOUR	RTH: Please check one of the	boxes that ap	ply to surviving er	itity: (if applicable)		
Ø	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.					ic limited
	This entity is a foreign entity mailing address to which the Florida Statutes is:					
			_			_
FIFT1	H: This entity agrees to pay any	members wi F.S.	th appraisal rights	the amount, to which me	mbers are entit	led under
	H: If other than the date of filit fter the date this document is fi				t be prior to no	r more than 90
	If the date inserted in this bloc document's effective date on th				nts, this date wi	ill not be listed
SEVE	NTH: Signature(s) for Each Page 1	arty:				
	of Entity/Organization: dworth Investments	s LLC	Signature(s):	/20 /	Typed or P Name of In Angelia A	dividual:
				·····		
Согро	rations:		•	President or Officer nature of incorporator.)		
	al partnerships:	Signature	of a general partne	er or authorized person		
Non-F	a Limited Partnerships: lorida Limited Partnerships: d Liability Companies:	Signature	s of all general par of a general partn of an authorized p	er		
Fees:	For each Limited Liability Co	ompany:	\$25.00	For each Corporation	n:	\$35.00
	For each Limited Partnership: For each Other Business Entit		\$52.50 \$25.00	For each General Par Certified Copy (opt	tnership:	\$25.00 \$30.00