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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : JSD & COMPANY PA

Account Number : I20190000114

Fax Number

: (786)286-2705 : (305)901-6024

Enter the email address for this business entity to be used for future states only one email address please.

Email Address: jsanchez@jsdandcompany.com

MERGER OR SHARE EXCHANGE COMERCIALIZADORA SOINPRO AYD LLC

Certificate of Status	1
Certified Copy	0
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Help

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:

To:

Name	<u>Jurisdiction</u>	Form/Entity Type
COMERCIALIZADORA SOINPRO AYD LLC	GEORGIA	LLC
COMERCIALIZADORA SOINPRO AYD LLC	FLORIDA	LLC
MD3-15351		
SECOND: The exact name, form/entity type	e, and jurisdiction of the survivi	ng party are as follows:
Name	Jurisdiction	Form/Entity Type
COMERCIALIZADORA SOINPRO AYD LLC	FLORIDA	LLC
L24-361540		

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).

2024 NOV -4 AM 10: 14

FOU	RTH: Please check one of the	boxes that:	apply to surviving	entity: (if applicable)	ı				
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.								
SIXTI	1: This entity agrees to pay any 1006 and 605.1061-605.1072, 1: If other than the date of filir fiter the date this document is fil	r.S. ng. the delay	ed effective date o	f the merger which					
Note:	If the date inserted in this block document's effective date on the	k does not n	neet the applicable	statutory filing requi	rements, this date v	vill not be liste	xd		
SEVE:	NTH: Signature(s) for Each Pa	uty:	\bigcirc		T	ne-	\$ 654	20	
	of Entity/Organization:	•	Signature(s):	10	Typed or i Name of I	rrintea ndividual:	75.5 - 15.5	2024 NOV	•# gra
COME	RCIALIZADORA SOINPRO AYD L	LC(FL)	x Ment	Sary of Care	ALEJANDRINO FI	OREZ ROJAS		V	************
COMER	RCIALIZADORA SOINPRO AYD LI	LC(GA)	* Hugh		ALEJANDRINO FI	OREZ ROJAS	ART UF HASSE	-L A	
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Corpor	ations:			President or Officer mature of incorporate	or!			7	
	partnerships:	Signature	of a general partn	er or authorized person	on .				
	Limited Partnerships:	Signature	s of all general par	rtners					
	orida Limited Partnerships: I Liability Companies:	Signature Signature	of a general partner of an authorized p	er Derson					
Fees:	For each Limited Liability Con	mpany:	\$ 25.00	For each Corpor	ration:	\$35.00			
	For each Limited Partnership:	• •				\$35.00 \$25.00			
For each Other Business Entity:		y:	\$25.00			•			