

L24 000375949

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : LEVIN LAW & MEDIATION GROUP
Account Number : 120140000093
Phone : (941)953-5300
Fax Number : (941)953-5355

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

Email Address: Linda@LevinMediation.com

MERGER OR SHARE EXCHANGE

AlexYan Dist. LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$50.00

2024 OCT 22 AM 9:13

RECEIVED

2024 OCT 22 PM 4:46

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **ALEXIAN DIST. 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:

LINDA VEAUTOUR

Contact Person

LEVIN LAW

Firm/Company

1444 FIRST STREET

Address

SARASOTA FL 34236

City, State and Zip Code

LINDA@LEVINMEDIATION.COM

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

For further information concerning this matter, please call:

JOSE GARRIGA

at (**585**) **775 8262**

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)

2024 OCT 22 PM 9:13
FILED
CLERK OF COURT
TALLAHASSEE, FL

**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>	<u>Form/Entity Type</u>
ALEXYAN DIST. LLC	NEW YORK	LLC
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECOND: The exact name, form/entity type, and jurisdiction of the surviving party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
ALEXYAN DIST LLC	FLORIDA	LLC

624-375949

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).

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

FIFTH: 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:

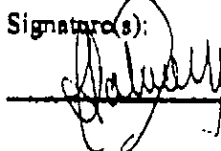
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

SEVENTH: Signature(s) for Each Party:

Name of Entity/Organization:

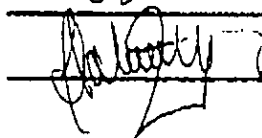
ALEXYAN DIST. LLC

Signature(s):

Typed or Printed
Name of Individual:

JOSE GARRIGA

ALEXYAN DIST. LLC



JOSE GARRIGA

Corporations:

Chairman, Vice Chairman, President or Officer
(If no directors selected, signature of Incorporator.)

General partnerships:

Signature of a general partner or authorized person

Florida Limited Partnerships:

Signatures of all general partners

Non-Florida Limited Partnerships:

Signature of a general partner

Limited Liability Companies:

Signature of an authorized person

Fees: For each Limited Liability Company: \$25.00
For each Limited Partnership: \$52.50
For each Other Business Entity: \$25.00

For each Corporation: \$35.00
For each General Partnership: \$25.00
Certified Copy (optional): \$30.00