## L2400039315H

(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:
J. HORNE
SEP 2 5 2021
3-F ( J 20L

Office Use Only



700436846317

FILED 2024 SEP 24 AK 9: 21

2024 SEF 24 PH 12: 21



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date: C	9/23/2024	
Name:	Patrice Rush	
Reference #:_	2502139	<u> </u>
Entity Name:_	K	OZYR LLC
Articles	of Incorporation/Authorization	n to Transact Business
☐ Amend	ment	
☐ Change	e of Agent	
Reinsta	atement	
☐ Conver	sion	
✓ Merger		
☐ Dissolu	ition/Withdrawal	
☐ Fictitiou	us Name	
Other_		
Authorized Am	nount: \$50.00	
Signature:	(Put M	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:(	09/23/2024	
Name:	Patrice Rush	
	2502139	
		KOZYR LLC
☐ Articles	s of Incorporation/Authoria	zation to Transact Business
☐ Amend	lment	
☐ Chang	e of Agent	
☐ Reinsta	atement	
Conve	rsion	
✓ Merger	r	
☐ Dissolu	ution/Withdrawal	
Fictition	us Name	
Other_		
Authorized Ar	mount: \$50.00	

10 E 40<sup>™</sup> ST, 10<sup>™</sup> FL NY, NY 10016 D: +1.212.947.7200 P: 800.221.0102 F: 800.944.6607





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached is a form to file a Articles of Merger pursuant to section 605.1025, Florida Statutes. This form is basic and may not meet all merger needs. The advice of an attorney is recommended.

Filing Fees: \$25.00 for each Limited Liability Company

\$35.00 for each Corporation

\$52.50 for each Limited Partnership or

Limited Liability Limited Partnership S25.00 for each General Partnership or Limited

Liability Partnership

\$25.00 for each Other Business Entity

Certified Copy (optional): \$30.00

Send one check in the total amount payable to the Florida Department of State.

Please include a cover letter containing your telephone number, return address and certification requirements, or complete the attached cover letter.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

For further information, you may contact the Amendment Section at (850) 245-6050.

Important Notice: Pursuant to s.605.0212(8), F.S., each party to the merger must be active and current in filing its annual reports through December 31 of the calendar year in which the articles of merger are submitted to the department for filing.

CR2E080 (3/20)

## COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Kozyr LLC Name of Surviving Party		
The enclosed Certificate of Merger and fee(s)	are submitted for fil	ing.
Please return all correspondence concerning th	is matter to:	
Courtney Lemli		
Contact Person		
Lemli Legal, P.C.		
Firm/Company		
2092 Cerro Gordo St.		
Address		
Los Angeles, CA 90039  City, State and Zip Co		
ony, state and Esp co.		
cassie@kozyr.com		<del></del>
E-mail address: (to be used for future a	nnual report notifica	tion)
For further information concerning this matter.	, please call:	
Courtney Lemli	at ( <u>646) 334-5654</u>	
_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	Amendm Division P. O. Boy	ent Section of Corporations to 6327 ee. F1. 32314
Tallahassae Fl. 32301	rananass	CC, F1. 32314

CR2E080 (2/20)

## Articles of Merger For Florida Limited Liability Company

FILED

2024 SEP 24 AM 9: 21

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
Data Scientific LLC	New York	Limited Liability Company
Kozyr LLC	Florida	Limited Liability Company
<b>SECOND:</b> The exact name, form/entity to	ype, and jurisdiction of the <u>surv</u>	iving party are as follows:
<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type
Kozyr LLC	Florida	Limited Liability Company

**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).

Ū.	This entity exists before the mare attached.	erger and is	s a domestic filing e	ntity, the amendment, if any to	its public organic recor
	This entity is created by the me	erger and is	s a domestic filing e	ntity, the public organic record	l is attached.
	This entity is created by the me liability partnership, its statem				a domestic limited
	This entity is a foreign entity to mailing address to which the deflorida Statutes is:	hat does no lepartment	ot have a certificate of may send any proce	of authority to transact busines as served pursuant to s. 605.01	is in this state. The 17 and Chapter 48,
		· · · · · · · ·			
SIXT days a	H: If other than the date of filing after the date this document is file	g, the delay ed by the F	ed effective date of lorida Department of	the merger, which cannot be parties.  f State:	rior to nor more than 90
Note:	If the date inserted in this block document's effective date on the	does not n	neet the applicable sent of State's records	atutory filing requirements, th	is date will not be listed
as the	If the date inserted in this block document's effective date on the ENTH: Signature(s) for Each Pa	e Departme	neet the applicable sent of State's records		
as the	document's effective date on the	e Departme	neet the applicable sent of State's records	Т	is date will not be listed  Typed or Printed  Tame of Individual:
as the SEVE	document's effective date on the ENTH: Signature(s) for Each Pa	e Departme	ent of State's records	τ Ν	'yped or Printed
as the  SEVE  Name  Data Sci	document's effective date on the ENTH: Signature(s) for Each Pa of Entity/Organization:	e Departme	ent of State's records	T N - trin	yped or Printed ame of Individual:
SEVE Name Data Sci  Kozyr I  Corpo Gener Florid Non-F	document's effective date on the ENTH: Signature(s) for Each Pa of Entity/Organization: entific LEC, a NY limited liability of the state of the stat	Chairma (If no die Signatur Signatur	Signature(s):	resident or Officer nature of incorporator.) r or authorized person tners	yped or Printed lame of Individual: a Kozyrkov