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A. RAMSEY

OCT 15, 2024

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

174 Panasi's Brining - Thomissine, GA 8/00

ROMAN VENTUR	ES LLC	
Please Debit FCA000	0000003 For: ⁵⁰	
Thank you Seth Nee	iey	
Staf		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		× Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Сеп. Сору
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
/		Officer Search
A	2/	Fictitious Search
Signature		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
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Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Amendment Section

P. O. Box 6327

TO: Amendment Section
Division of Corporations
SUBJECT: ROMAN VENTURES 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:
Marci Lowman, Esq.
Contact Person
Lowman Law, P.A.
Firm/Company
8620 NE 2 Avenue
Address
Miami, Florida 33138
City, State and Zip Code
ML@LowmanTitle.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marci Lowman, Esq. 31,786 703-4162
Name of Contact Person Area Code Daytime Telephone Number
☐ Certified copy (optional) \$30.00

CR2E080 (2/20)

STREET ADDRESS: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Merger For Florida Limited Liability Company

FILED

2024 OCT 14 AM 9: 57

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 605.1025, Florida Statutes.

Name
Coastal Hospitality Solutions, LLC

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

Name

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

Name

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

Name

Form/Entity Type

LLC

SECOND: Form/Entity Type

ROMAN VENTURES 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).

FOUR	TH: Please check one of the t	oxes that app	ly to surviving ei	tity: (if applicable)					
Ø	This entity exists before the mare attached.	erger and is a	domestic filing e	ntity, the amendment, if a	ıy to its pu	blic organic record			
	This entity is created by the m	erger and is a	domestic filing of	ntity, the public organic re	cord is atta	iched.			
	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 mailing address to which the or Florida Statutes is:								
ss.605	H: This entity agrees to pay any 1006 and 605.1061-605.1072, H: If other than the date of filing fter the date this document is file.	F.S. g, the delayed	l effective date of	the merger, which cannot					
as the	If the date inserted in this block document's effective date on the	e Department			s, this date	will not be listed			
	NTH: Signature(s) for Each Pa	-				r Printed			
Name of Entity/Organization: Roman Ventures LLC			Signature(s):			f Individual: Tugaoen			
	TAL HOSPITALITY SOLUTION					Tugaoen			
Corpo	rations:			President or Officer nature of incorporator.)					
Genera	al partnerships:			er or authorized person					
	Limited Partnerships:		of all general par						
	Non-Florida Limited Partnerships: Signature of a general partner								
Limite	d Liability Companies:	Signature of	of an authorized p	erson					
Fees:	For each Limited Liability Co	mnanv	\$25.00	For each Corporation:		\$35.00			
<u> </u>	For each Limited Partnership:		\$52.50	For each General Part		\$25.00			
	For each Other Business Entit		\$25.00	Certified Copy (optic		\$30.00			