

M07000000011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

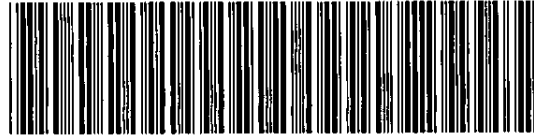
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

15 JAN 22 PM 4:35

NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15 JAN 22 AM 10:47

EFFECTIVE DATE

1-26-15

C.L.  
1-26-15



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 23, 2015

CSC / COURTNEY WILLIAMS

SUBJECT: BEACON HEALTH STRATEGIES, LLC  
Ref. Number: M0700000011

**RESUBMIT**  
Please give original  
submission date as file date.

We have received your document for BEACON HEALTH STRATEGIES, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a merger, pursuant to s.605.0212(8), Florida Statutes, each party to the merger must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the articles of merger are submitted for filing.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 815A00001397

RECEIVED  
15 JAN 23 PM 4:33  
DIVISION OF CORPORATIONS

ACCOUNT NO. : I20000000195

REFERENCE : 470531 4304937

AUTHORIZATION :

COST LIMIT :

\$80.00

ORDER DATE : January 22, 2015

ORDER TIME : 3:24 PM

ORDER NO. : 470531-005

CUSTOMER NO: 4304937

ARTICLES OF MERGER

PSYCHCARE, LLC

INTO

BEACON HEALTH STRATEGIES LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Beacon Health Strategies 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:

Contact Person  
Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.  
Firm/Company  
One Financial Center  
Address  
Boston, MA 02111  
City, State and Zip Code

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

For further information concerning this matter, please call:

Anne Leland, Legal Specialist at (617) 542 6000  
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

Certificate of Merger  
For  
Florida Limited Liability Company

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15 JAN 22 AM 10:47

The following Certificate 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>
Psychcare, LLC	Florida	LLC
Beacon Health Strategies LLC	Massachusetts	LLC

**EFFECTIVE DATE**

1-26-2015

**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>
Beacon Health Strategies LLC	Massachusetts	LLC

**THIRD:** The merger was approved by each domestic corporation, limited liability company, partnership and/or limited partnership that is a party to the merger in accordance with the applicable provisions of Chapters 607, 605, 617, and/or 620, Florida Statutes.

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

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.

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:


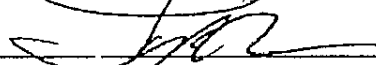
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

12:01 a.m. on January 26, 2015

**SEVENTH:** Signature(s) for Each Party:

Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:
Psychcare, LLC		Timothy R. Murphy
Beacon Health Strategies LLC		Timothy R. Murphy

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

<b><u>Fees:</u></b> For each Limited Liability Company:	\$25.00
For each Corporation:	\$35.00
For each Limited Partnership:	\$52.50
For each General Partnership:	\$25.00
For each Other Business Entity:	\$25.00
Certified Copy (optional):	\$30.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 JAN 22 AM 10:47