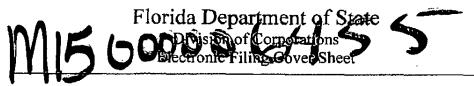
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000119123 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842

Fax Number : (850)878-5368

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

Email Address:

MERGER OR SHARE EXCHANGE RYZE CLAIM SOLUTIONS LLC

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

Corporate Filing Menu

Help

500000

Electronic Filing Menu

COVER LETTER

•							
TO: Amendment Section Division of Corporations							
SUBJECT: Ryze Claim Solutions LLC							
	Name of Surviving Party						
The enclosed Certificate of Merger and fed	e(s) are submitted	for filing.					
Please return all correspondence concernir	ng this matter to:						
Alyse Sagalchik							
Contact Person		•					
Katten Muchin Rosenman LLP							
Firm/Company		•					
525 West Monroe Street, Suite 1900							
Address		-					
Chicago, IL 60661-3693							
City, State and Zip Code		•					
kelliott@eagleadjusting.com							
E-mail address: (to be used for future annua	I report notification)						
For further information concerning this ma	atter, please call:						
Alyse Sagalchik	_at (³¹²	902-5426					
Name of Contact Person	Area Code	Daytime Telephone Number					
Certified copy (optional) \$30.00							
STREET ADDRESS:	MAILI	NG ADDRESS:					
Amendment Section		ment Section					
Division of Corporations		n of Corporations					
Clifton Building 2661 Executive Center Circle		ox 6327					
SOUT LAGRITIVE SCHIEF LAFRIE	เมาหกร	XXCC DI 3/3/A					

CR2E080 (2/14)

Tallahassee, FL 32301

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>Jurisdiction</u>	Form/Entity Type	
Florida	LLC	
		6. 2. d
		5) [T
pe, and jurisdiction of the surviv	ing party are as follows:	
Jurisdiction	Form/Entity Type	
Indiana	LLC	
	pe, and jurisdiction of the surviv	pe, and jurisdiction of the surviving party are as follows: Jurisdiction Form/Entity Type

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).

5/13/2016 10:55:04 AM From: To: 8506176380(4/4)

<u>FOU</u>	RTH:	Please check one of th	e boxes tha	at apply to surviv	ing entity: (if applic	able)	
	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 fi	ling entity, the publi	c organic record i	s 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.						
	state.	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:					
under SIXT	ss.605 H: If o	s entity agrees to pay a 1006 and 605.1061-60 other than the date of fi days after the date this	5.1072, F.S ling, the de	S. layed effective d	ate of the merger, w	hich cannot be pr	
SEVE	NTH:	Signature(s) for Each	Party:	·			
Name	of Ent	ity/Organization:		Signature(s):	2 2	Typed or Printe Name of Individual	
	Affiliate			1 hall	100	Charles K	
Ryzo C	laim So	lutions LLC		Harlag	LEUD IX	Karla J. Elliott	
-	rations	: nerships:	(If no direc	tors selected, signat	n, President or Office ture of incorporator.) tner or authorized pe		
Florid	a Limit	ted Partnerships:	Signature	s of all general p	partners		
		Limited Partnerships: ility Companies:		of a general par of an authorized			
Fces:	For ea	ach Limited Liability C ach Limited Partnership ach Other Business Ent	o:	\$25.00 \$52.50 \$25.00	For each Corpor For each Genera Certified Copy	l Partnership:	\$35.00 \$25,00 \$30.00