M14000001493

(Re	questor's Name)	
(Ad	dress)	_
	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400333379954

09/03/19--01028--009 ******25.00 10/08/19--01008--009 ******25.00

19 0CT | | AH 9:27

DET 1 / 2013

T SOURCEDER

TO: Amendment Section
Division of Corporations

SUBJECT:

Name of Surviving Party

The enclosed Certificate of Merger and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Michael Manager Fl. LC

Firm/Company

Address

Plant Company

City. State and Zip Code

For further information/concerning this matter, please call:

Josephine Comendini 111 813, 836-0

be used for future annual report notification)

Certified copy (optional) \$30.00

Name of Contact Person

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 (2/14)

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:

Name R.P.G.F. UC	Jurisdiction Flocicla	Form/Entity Type L10-94154
		poerty are as follows:
SECOND: The exact name, form/entity type	be, and jurisdiction of the surviving	- Control (Davis
SECOND: The exact name, form/entity type Name Name Purple Second: The exact name, form/entity type Name Purple Name Nam	oull. Florido	MILE-1693
THIRD: The merger was approved by eac ss.605.1021-605.1026; by each other mergi such limited liability company who as a res	h domestic merging entity that is a fr ng entity in accordance with the laws alt of the merger will have interest h	s of its jurisdiction; and by each member of older liability under s.605.1023(1)(b).
V Marci R.PG.FL	ILC with A	eynolds Painting Group
F. LLC. Both has	u Same FEIN	19001
		#H 9: 27

o o	This entity exists before the are attached.	ne merger and is	a domestic filli	ng entity, the amendment, if any to its p	oublic organic reco
	This entity is created by th	e merger and is	a domestic filin	ng entity, the public organic record is at	tached.
0	This entity is created by th liability partnership, its sta	e merger and is tement of qualif	a domestic limi fication is attach	ted liability limited partnership or a doned.	mestic limited
O	This entity is a foreign entimailing address to which the Florida Statutes is:	ity that does not ne department n	have a certifica	ate of authority to transact business in the occess served pursuant to s. 605.0117 and	his state. The idiChapter 48,
					"E France
					-
					
FIFTI	4: This entity agrees to pay a	ny members wit	h appraisal righ	its the amount, to which members are ci	ntitled under
88,005	.1006 and 605.1061-605.1072	2, F.S.			
<u>SIXTI</u>	H: If other than the date of fil	ling, the delayed	i effective date	of the merger, which cannot be prior to	nor more than 90
days at	fter the date this document is	filed by the Plan	at day to a second	as the merger, which cultifor be prior to	not more than 9t
		mod by mic i for	nda Department	t of State:	
,		inou by the I for	ida Department	t of State:	
			—————	of State:	
	If the date inserted in this blo	ck does not mee	et the applicable	statutory filing requirements, this data	will not be listed
	·	ck does not mee	et the applicable	statutory filing requirements, this data	will not be listed
Note: as the c	If the date inserted in this blo document's effective date on t	ck does not mee the Department	et the applicable	statutory filing requirements, this data	will not be listed
Note: as the c	If the date inserted in this blo locument's effective date on the NTH: Signature(s) for Each I	ck does not mee the Department	et the applicable	e statutory filing requirements, this date ds.	
Note: as the c	If the date inserted in this blo document's effective date on to NTH: Signature(s) for Each lof Entity/Organization:	ck does not med the Department Party:	et the applicable	statutory filing requirements, this data	ted
Note: as the c	If the date inserted in this blo document's effective date on to NTH: Signature(s) for Each lof Entity/Organization:	ck does not med the Department Party:	et the applicable of State's recon	e statutory filing requirements, this date ds. Typed or Print	ted
Note: as the c	If the date inserted in this blo locument's effective date on the NTH: Signature(s) for Each I	ck does not med the Department Party:	et the applicable of State's recon	e statutory filing requirements, this date ds. Typed or Print Name of Individu	led wal: huynold
Note: as the c	If the date inserted in this blo document's effective date on to NTH: Signature(s) for Each lof Entity/Organization:	ck does not med the Department Party:	et the applicable of State's recon	e statutory filing requirements, this date ds. Typed or Print Name of Individu	ted
Note: as the conserver. Name constant Apple	If the date inserted in this blo locument's effective date on to NTH: Signature(s) for Each lof Entity/Organization: MANY GRUP 1.	ck does not med the Department Party:	et the applicable of State's recon	e statutory filing requirements, this date ds. Typed or Print Name of Individual Roy 15	ied val: Vazue
Note: as the conserver vame of the conserver lypuk RRRC	If the date inserted in this blo locument's effective date on the NTH: Signature(s) for Each I of Entity/Organization: Description of Entity Organization: Description of Entity Organization of Ent	ck does not med the Department Party:	et the applicable of State's recon	e statutory filing requirements, this date ds. Typed or Print Name of Individual Roy 15	ied val: vazue.
Note: as the conserver vame of the conserver lypuk RRRC	If the date inserted in this blo locument's effective date on to NTH: Signature(s) for Each lof Entity/Organization: MANY GRUP 1.	ck does not med the Department Party:	et the applicable of State's recon	e statutory filing requirements, this date ds. Typed or Print Name of Individual Roy 15	ied val: vazue
Note: as the conserver Vame construction (M) R. P. Conserver R. P. Con	If the date inserted in this blo locument's effective date on the NTH: Signature(s) for Each lof Entity/Organization: Description of Entity organization: Description of Entity organization: Description of Entity organization: Description of Entity organization: Section of Entity organization	ck does not mee the Department Party:	et the applicable of State's record	e statutory filing requirements, this date ds. Typed or Print Name of Individu Ron For	ied val: vazue.
Note: as the conserver vame of the conserver APC Corpora	If the date inserted in this blo locument's effective date on the NTH: Signature(s) for Each I of Entity/Organization: I MANA GRUP A. D. P. L. C. FL, LUC. G.F.L., LUC. tions:	Chairman, (If no direct	et the applicable of State's record Signalure(s): Vice Chairman, ors selected, signalure of the selected of t	Typed or Print Name of Individu Ron F President or Officer Enature of incorporator.)	ied val: vazue.
Note: as the conserver of the conserver	If the date inserted in this blo locument's effective date on the locument's effective date of locument's effet	Chairman, (If no direct Signature of	ct the applicable of State's record Signature(s): Vice Chairman, ors selected, signature of a general partners.	President or Officer and the statutory filing requirements, this date dis. Typed or Print Name of Individual President or Officer and the statutory filing requirements, this date discovered the statutory filing requirements, the statutory filing requirements and statutory filing requirements, the statutory filing requirements and statutory filing requirements, the statutory filing requirements and statut	ied val: vazue.
Note: as the construction SEVER Name of the construction R. P. Corpora Corporal Corida I	If the date inserted in this blo locument's effective date on the locument's effective date of the locument's effective date on the locument's effective date of locument's effective dat	Chairman, \((If no direct Signatures of Signatures of the Department)	ct the applicable of State's record Signature(s): Vice Chairman, ors selected, signature ageneral partner of all general partners all general partners.	President or Officer mature of incorporator.) er or authorized person these statutory filing requirements, this date and a statutory filing requirements, this date at a statutory filing requirements, the statutory filing requirements at a statutory filing requirements. The statutory filing requirements at a statutory filing requirement	ied val: vazue.
Note: as the construction Note: as the construction Note: SEVE! Vame of Note: A.P. Corpora corpora construction on-Flo	If the date inserted in this blo locument's effective date on the locument's effective date of locument's effet	Chairman, (If no direct Signature of Signatu	ct the applicable of State's record Signature(s): Vice Chairman, ors selected, signature of a general partners.	President or Officer mature of incorporator.) er or authorized person tners er statutory filing requirements, this date and the date a	ied val: vazue.
Note: as the construction Note: as the const	If the date inserted in this blo locument's effective date on the NTH: Signature(s) for Each to of Entity/Organization: O PANY GROUP 12. SELLUC Tions: partnerships: Limited Partnerships: Liability Companies:	Chairman, (If no direct Signature of Signatu	ci the applicable of State's reconstitution of State's reconstitution of Signature(s): /ice Chairman, ors selected, signature(s): a general partneral partneral partneral partneral partneral partneral an authorized p	President or Officer enature of incorporator.) er or authorized person thers	led val: Numold Reman Reman
Note: as the construction Name of the construction Note: Name of the construction Note: Name of the construction Note: Name of the construction Note: Name of the construction Note: Name of the construction Name of the co	If the date inserted in this blo locument's effective date on the locument's effective date of the locument's effective date on the locument's effective date of locument's effetive date of locument's effective date of locument's effective date of locument's effetive date of locument's effetive date of lo	Chairman, Marty: Chairman, Marty: Chairman, Marty: Chairman, Marty: Signature of Signature o	ci the applicable of State's reconstruction. Signature(s): Vice Chairman, ors selected, signature ageneral partner all general partner ageneral partner agener agen	President or Officer mature of incorporator.) er or authorized person tners er statutory filing requirements, this date and the date a	ied val: vazue