(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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RECEIVED



# FLORIDA DEPARTMENT OF STATE Division of Corporations

May 27, 2022

CORPORATE ACCESS INC

Corrected

Letter Number: 222A00012098

SUBJECT: WSC REFI LLC Ref. Number: M22000005254

We have received your document and check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the survivor is a Delaware LLC, the entity is not domestic. Please unmark the box in section 4 as none of the options are applicable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Querida R Silas Regulatory Specialist II

RECEIVED
202 JUN-1 AMII: 35
ALLAHASSEE FLORG

CORPORATE. When you need ACCESS to the world

'ACCESS, \_\_\_\_

1.

2.

**3**.

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 👵 🦎

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

	PI	CK UP:	5/25 DANNY		
	CERTIFIED COPY				
XX	РНОТОСОРУ				
	CUS				
XX	FILING	MEI	RGER		_
	WSC REFI LLC CORPORATE NAME AND DO	CUMENT #)			···
(0	CORPORATE NAME AND DO	CUMENT #)			
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		CUMENT #)		<del></del>	

### **COVER LETTER**

TO:		ent Section of Corporations	
SUBJE	ECT:	WSC REFI LLC, a Dela	aware limited liability company
CODUL			Name of Surviving Party
The en	closed Cer	ificate of Merger and fo	ee(s) are submitted for filing.
Please	return all c	orrespondence concern	ing this matter to:
		Arthur Bartholomew	
		Contact Perso	on
		Walnut Street Capita	al LLC
		Firm/Compa	ny
		3921 ALTON RD. #10	96
		Address	<del></del>
	1	иIAMI BEACH, FL 33	140
		City, State and Zi	p Code
		ırthur@walnutstreetcap	
	E-mail add	iress: (to be used for fu	ture annual report notification)
For furt	ther inforn	ation concerning this m	natter, please call:
	Arthur l	Bartholomew	at ( 954 ) 594-0064
	Name of	Contact Person	Area Code Daytime Telephone Number
	Certified	copy (optional) \$30.00	
Amend Divisio Clifton 2661 Ex	ET ADDR ment Section of Corpo Building xecutive Cossee, FL 3	on rations enter Circle	MAILING ADDRESS: Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

CR2E080 (2/20)

# Articles of Merger For Florida Limited Liability Company

## FILED

70亿 JUN-1 PM 5:21

LLC

The following Articles of Merger is submitted to merge the following Florida Limited Experiment (Feb. m accordance with s. 605.1025, Florida Statutes.

Name

WSC REFI LLC

Delaware

LLC

WSC REFI FL LLC

Florida

LLC

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

Name

Jurisdiction

Form/Entity Type

LLC

SECOND: Form/Entity Type

Delaware

FIRST: The exact name, form/entity type, and jurisdiction for each merging party are as follows:

WSC REFILLC

**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).

FOUL	RTH: Please check one of the	boxes that ap	ply to surviving er	itity: (if applicable)						
	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 mailing address to which the Florida Statutes is:									
2112						<del></del>				
ss.605	H: This entity agrees to pay an in 1006 and 605.1061-605.1072.	y members wi F.S.	th appraisal rights	the amount, to which me	nbers are entit	led under				
	H: If other than the date of fili fter the date this document is fi				be prior to no	r more than 90				
Note: as the	If the date inserted in this bloc document's effective date on the	ek does not me ne Department	et the applicable s of State's records	tatutory filing requirement.	its, this date w	ill not be listed				
SEVE	NTH: Signature(s) for Each P	arty:			T d D	المارية المارية				
Name of Entity/Organization:			Signature(s):		Typed or Printed Name of Individual:					
WSC REFI LLC			Arthur Bo	ertholomew	Arthur Bartholomew					
WSC	REFI FL LLC		Arthur Bo	irtholomew	Arthur Bartl	nolomew				
——— Corpo	rations:	Chairman,	Vice Chairman, F	resident or Officer						
(If no dir			ctors selected, sign	nature of incorporator.)						
	at partnerships: a Limited Partnerships:		ot a general partne of all general part	r or authorized person ners						
Non-Florida Limited Partnerships: Signature			of a general partner of an authorized p	r						
Fees:	For each Limited Liability Co		\$25.00			635.00				
	For each Limited Partnership:		\$23.00 \$52.50	For each Corporation For each General Par						
	For each Other Business Entity:		\$25.00	Certified Copy (opti		\$30.00				