

NO9000006912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

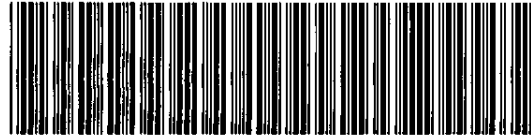
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

New filing to follow merger.

Office Use Only



100213361841

10/19/11--01008--013 **70.00

FILED
11 OCT 19 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Megan
10/20/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BRANCHES RECOVERY CENTERS, INC.
(Name of Surviving Corporation)

The enclosed Articles of Merger and fee are submitted for filing.

Please return all correspondence concerning this matter to following:

LABAN DOYLE
(Contact Person)

BRANCHES RECOVERY CENTERS
(Firm/Company)

437 SCARB JAY DR.
(Address)

ST. AUGUSTINE, FL 32092
(City/State and Zip Code)

For further information concerning this matter, please call:

LABAN DOYLE At (904) 392-1000
(Name of Contact Person) (Area Code & Daytime Telephone Number)

☐ Certified copy (optional) \$8.75 (Please send an additional copy of your document if a certified copy is requested)

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF MERGER

(Not for Profit Corporations)

The following articles of merger are submitted in accordance with the Florida Not For Profit Corporation Act, pursuant to section 617.1105, Florida Statutes.

First: The name and jurisdiction of the surviving corporation:

<u>Name</u>	<u>Jurisdiction</u>	<u>Document Number</u> (If known/ applicable)
<u>BRANCHES RECOVERY CENTERS</u>	<u>STATE OF TN</u>	<u>557546</u>

Second: The name and jurisdiction of each merging corporation:

<u>Name</u>	<u>Jurisdiction</u>	<u>Document Number</u> (If known/ applicable)
<u>BRANCHES RECOVERY CENTERS</u>	<u>STATE OF FL</u>	<u>N09000006912</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Third: The Plan of Merger is attached.

Fourth: The merger shall become effective on the date the Articles of Merger are filed with the Florida Department of State

OR / / (Enter a specific date. NOTE: An effective date cannot be prior to the date of filing or more than 90 days after merger file date).

(Attach additional sheets if necessary)

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TALLAHASSEE, FLORIDA

Fifth: ADOPTION OF MERGER BY SURVIVING CORPORATION
(COMPLETE ONLY ONE SECTION)

SECTION I

The plan of merger was adopted by the members of the surviving corporation on _____.
The number of votes cast for the merger was sufficient for approval and the vote for the plan was as follows:
_____ FOR _____ AGAINST

SECTION II

(CHECK IF APPLICABLE) ☐ The plan or merger was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

SECTION III

There are no members or members entitled to vote on the plan of merger.
The plan of merger was adopted by the board of directors on 9/1/11. The number of directors in office was 7. The vote for the plan was as follows: 7 FOR 0 AGAINST

Sixth: ADOPTION OF MERGER BY MERGING CORPORATION(s)
(COMPLETE ONLY ONE SECTION)

SECTION I

The plan of merger was adopted by the members of the merging corporation(s) on _____.
The number of votes cast for the merger was sufficient for approval and the vote for the plan was as follows: _____ FOR _____ AGAINST

SECTION II

(CHECK IF APPLICABLE) ☐ The plan or merger was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

SECTION III

There are no members or members entitled to vote on the plan of merger.
The plan of merger was adopted by the board of directors on 9/11/11. The number of directors in office was 4. The vote for the plan was as follows: 4 FOR 0 AGAINST

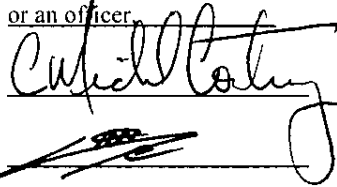
Seventh: SIGNATURES FOR EACH CORPORATION

Name of Corporation

Signature of the chairman/
vice chairman of the board
or an officer

Typed or Printed Name of Individual & Title

BRANCHES RECOVERY CENTERS



MICHAEL COURTNEY, EXECUTIVE DIRECTOR

BRANCHES RECOVERY CENTERS



LIAM DOYLE, BRANCH DIRECTOR

PLAN OF MERGER

The following plan of merger is submitted in compliance with section 617.1101, Florida Statutes and in accordance with the laws of any other applicable jurisdiction of incorporation.

The name and jurisdiction of the surviving corporation:

Name

Jurisdiction

BRANCHES RECOVERY CENTERS

STATE OF TN

The name and jurisdiction of each merging corporation:

Name

Jurisdiction

BRANCHES RECOVERY CENTERS

STATE OF FL

The terms and conditions of the merger are as follows:

BRANCHES RECOVERY CENTERS OF FL IS MERGING COMPLETELY INTO
AND WITH BRANCHES RECOVERY CENTERS OF THE STATE OF TN AND
WILL BECOME ONE ENTITY, JUST OPERATING IN FL.

A statement of any changes in the articles of incorporation of the surviving corporation to be effected by the merger is as follows:

Other provisions relating to the merger are as follows: