

N15000005449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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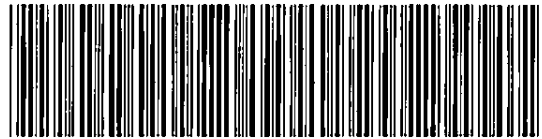
(Business Entity Name)

(Document Number)

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CLERK  
04/10/24

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Flagler Cares, 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:

Carrie G. Baird

\_\_\_\_\_  
(Contact Person)

Flagler Cares, Inc.

\_\_\_\_\_  
(Firm/Company)

160 Cypress Point Parkway, B302

\_\_\_\_\_  
(Address)

Palm Coast, FL 32164

\_\_\_\_\_  
(City/State and Zip Code)

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MAR 27 10 AM 7:30  
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TALLAHASSEE, FL

For further information concerning this matter, please call:

Carrie G. Baird

\_\_\_\_\_  
(Name of Contact Person)

At ( 386 ) 295-1112

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

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

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# **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)
Flagler Cares, Inc.	Florida	N15000005449
_____	_____	_____

**Second:** The name and jurisdiction of each **merging** corporation:

<u>Name</u>	<u>Jurisdiction</u>	<u>Document Number</u> (If known/ applicable)
One Voice for Volusia, Inc.	Florida	N01000002381
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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** 07 / 01 / 2024 (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).

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*(Attach additional sheets if necessary)*

**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 March 11, 2024.  
The number of votes cast for the merger was sufficient for approval and the vote for the plan was as follows:  
12 FOR 0 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 N/A. The number of directors in office was N/A. The vote for the plan was as follows: N/A FOR N/A 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 March 18, 2024. The number of votes cast for the merger was sufficient for approval and the vote for the plan was as follows: 11 FOR 0 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 N/A. The number of directors in office was N/A. The vote for the plan was as follows: N/A FOR N/A AGAINST

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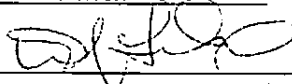
**Seventh: SIGNATURES FOR EACH CORPORATION**

Name of Corporation

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

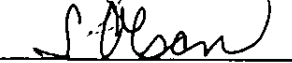
Typed or Printed Name of Individual & Title

Flagler Cares, Inc.



DJ Lebo, President

One Voice for Volusia



Shirley Olson, Immediate Past President

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TALLAHASSEE, FL

## **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

Flagler Cares, Inc.

Jurisdiction

Florida

The name and jurisdiction of each **merging** corporation:

Name

One Voice for Volusia

Jurisdiction

Florida

The terms and conditions of the merger are as follows:

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: