## 120000008166

(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:  Please Call When Reaby For Pick-up  850-445-/689  DeAnna	(Requestor's Name)
(City/State/Zip/Phone #)    PICK-UP	(Address)
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(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  Please Call When Ready For Pick-up  850-445- /689	(City/State/Zip/Phone #)
(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  Please Call When Ready For Pick-UP  850-445- 1689	PICK-UP WAIT MAIL
Special Instructions to Filing Officer:  Please Call When Ready For Pick-UP  850-445-1689	(Business Entity Name)
Special Instructions to Filing Officer:  Please Call When  Ready For Pick-up  850-445-1689	(Document Number)
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JUL 1 - 2021

## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJ	JECT:Name of	Surviving Party
The er	enclosed Certificate of Merger and fee(s) are submitted	for filing.
	Contact Person  Empowers Hope Minis  Contact Person  Empowers Hope Minis  Firm/Company  Address  Gallahassee, FL 32312  City, State and Zip Code	<u>k</u> 2 9
	Prepa ox fard pea org E-mail address: (to be used for future annual report	notification)
For fu	Name of Contact Person  Certified conv (antional) \$30.00	CALL When Realy  Ode Daytime Telephone Number
	Certified copy (optional) \$30.00	
Amen Divisi Clifto	ndment Section Ar sion of Corporations Di on Building P.	AILING ADDRESS: mendment Section vision of Corporations O. Box 6327 illahassec, FL 32314

- CR2E080 (2/20)

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:

Name	<i>^</i>	Jurisdiction	Form/Entity Type
Kebirth	Churchy Mission B	artish FC	NO5000012712
<u></u>			<del></del>
SECOND: The	exact name, form/entity type, a	and jurisdiction of the <u>surviving</u>	party are as follows:
Name		Jurisdiction	Form/Entity Typc
Empowenn	5 thope Ministries	PL	N200000 8166

<u>THIRD:</u> 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).

<u>FOUR</u>	TH: Please check one of the b	oxes that appl	y to surviving ent	ity: (if applicable)						
Q	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 t mailing address to which the d Florida Statutes is:									
						<u> </u>				
ss.605. <u>SIXTF</u>	L: This entity agrees to pay any 1006 and 605.1061-605.1072, It other than the date of filing for the date this document is filed.	F.S. g, the delayed	effective date of	the merger, which can						
	If the date inserted in this block document's effective date on the				nents, this date wi	 II not be listed				
SEVE	NTH: Signature(s) for Each Pa	irty:			Typed or Pr	rinted				
Name (	of Entity/Organization:		signature(s): Chalôs C D'Dun m	Burney)	Name of Inc CHARLES DEANNA I	dividual:				
Corpor	ations:	Chairman,	Vice Chairman, P	resident or Officer						
·				nature of incorporator.						
Florida Non-Fl	d partnerships: Limited Partnerships: orida Limited Partnerships: d Liability Companies:	Signatures o	r a general partne of all general part f a general partne f an authorized pe	Γ						
Fees:	For each Limited Liability Co For each Limited Partnership: For each Other Business Entit		\$25.00 \$52.50 \$25.00	For each Corporati For each General I Certified Copy (o	Partnership:	\$35.00 \$25.00 \$30.00				