P020000549114

| (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: |
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 |
|---|
| REFERENCE : 344637 7397794 |
| AUTHORIZATION : Spelle le man |
| COST LIMIT : \$ 70.00 |
| |
| ORDER DATE : July 7, 2020 |
| ORDER TIME : 9:35 AM |
| ORDER NO. : 344637-005 |
| CUSTOMER NO: 7397794 |
| |
| ARTICLES OF MERGER |
| RAILROAD CONTROLS, L.P. |
| INTO |
| XORAIL, INC. |
| |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
| CERTIFIED COPY XX PLAIN STAMPED COPY |
| CONTACT PERSON: Kadesha Roberson EXT 62980 |

EXAMINER'S INITIALS:

å:

COVER LETTER

| Division of Corporations | |
|---|--|
| SUBJECT: | |
| Name of Surviving | Corporation |
| The enclosed Articles of Merger and fee are subn | nitted for filing. |
| Please return all correspondence concerning this | matter to following: |
| Erin Boyts Quinn | |
| Contact Person | |
| Westinghouse Air Brake Technologies Corporation | |
| Firm/Company | |
| 30 Isabella St. | |
| Address | <u> </u> |
| Pittsburgh, PA 15212 | |
| City/State and Zip Code | |
| equinn@Wabtec.com | |
| E-mail address: (to be used for future annual report no | otification) |
| For further information concerning this matter, pl | lease call: |
| Erin Boyts Quinn | At (8251141 |
| Name of Contact Person | Area Code & Daytime Telephone Number |
| Certified copy (optional) \$8.75 (Please send as | n additional copy of your document if a certified copy is requested) |
| STREET ADDRESS: | MAILING ADDRESS: |
| Amendment Section | Amendment Section |
| <u>-</u> | • |
| 2661 Executive Center Circle | |
| Amendment Section Division of Corporations Clifton Building | |

Tallahassee, Florida 32301



July 9, 2020

CSC

SUBJECT: XORAIL, INC. Ref. Number: P02000054964

Please give original date.

Submission date as file date.

We have received your document for XORAIL, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As of January 1, 2020, the form for merging a Profit Corporation has changed. Please use the new Profit Corporation Merger with other Corporationform located on our website (www.sunbiz.org).

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.

Terri J Schroeder Regulatory Specialist III

Letter Number: 420A00013334

20 JULIA PM OF LO

COVER LETTER

| rviving Party | |
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| this matter to: | |
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| ort notification) | _ |
| er, please call: | |
| at (412 | 8251141 |
| . , | nd Daytime Telephone Number |
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| Street | Address: |
| | Iment Section |
| | on of Corporations |
| | entre of Tallahassee J. Monroe Street, Suite 810 |
| | assee, FL 32303 |
| | on on Street Amend Division The Co |

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Articles of Merger For Florida Profit or Non-Profit Corporation Into Other Business Entity

The following Articles of Merger are submitted to merge the following Florida Profit and/or Non-Profit Corporation(s) in accordance with s. 607.1109, 617.0302 or 605.1025, Florida Statutes.

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

| <u>Name</u> | <u>Jurisdiction</u> | Form/Entity Type | |
|---|----------------------------|----------------------------------|---|
| Railroad Controls, L.P. | Texas | Limited Partnership | |
| | | <u>3130000000</u> 91 | D |
| | | | |
| SECOND: The exact name, for as follows: | m/entity type, and jurisdi | ction of the surviving party are | |
| Name | <u>Jurisdiction</u> | Form/Entity Type | |
| Xorial, Inc. | Florida | Corporation | |

THIRD: The attached plan of merger was approved by each domestic corporation, limited liability company, partnership and/or limited partnership that is a party to the merger in accordance with the applicable provisions of Chapters 607, 605, 617, and/or 620, Florida Statutes.

FOURTH: The attached plan of merger was approved by each other business entity that is a party to the merger in accordance with the applicable laws of the state, country or jurisdiction under which such other business entity is formed, organized or incorporated.

FIFTH: If other than the date of filing, the effective date of the merger, which cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State:

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.

SIXTH: If the surviving party is not formed, organized or incorporated under the laws of Florida, the survivor's principal office address in its home state, country or jurisdiction is as follows:

SEVENTH: If the surviving party is an out-of-state entity, the surviving entity:

- a.) Appoints the Florida Secretary of State as its agent for service of process in a proceeding to enforce any obligation or the rights of dissenting shareholders of each domestic corporation that is party to the merger.
- b.) Agrees to promptly pay the dissenting shareholders of each domestic corporation that is a party to the merger the amount, if any, to which they are entitled under s. 607.1302, F.S.

EIGHTH: Signature(s) for Each Party:

General Partnerships:

| Name of Entity/Organization: | Signature(s): | Typed or Printed Name of Individual: |
|------------------------------|---------------|---|
| Xorail, Inc. | July Sol | David M. Seitz |
| Railroad Controls, L.P. | Dunser | / David M. Seitz |
| | | |
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Corporations: Chairman, Vice Chairman, President or Officer

(If no directors selected, signature of incorporator.) Signature of a general partner or authorized person

Florida Limited Partnerships: Signatures of all general partners

Non-Florida Limited Partnerships:

Signature of a general partner
Signature of a member or authorized representative **Limited Liability Companies:**

\$35.00 Per Party Fees:

Certified Copy (optional): \$8.75

PLAN OF MERGER

| follows: <u>Name</u> | Jurisdiction | Form/Entity Type |
|------------------------------------|------------------------------------|---------------------|
| Railroad Controls, L.P. | Texas | Limited Partnership |
| | | |
| | | |
| | | |
| as follows: | form/entity type, and jurisdicti | |
| <u>Name</u> | <u>Jurisdiction</u> | Form/Entity Type |
| Xorail, Inc. | Florida | Corporation |
| Railroad Controls, L.P., atl as of | a party and shall assume all other | er liabilities of |
| | | |
| | | |
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| | | |
| (AI | tach additional sheet if necessa | ary) |

FOURTH:

| A. The manner and basis of converting the interests, shares, obligations or other securities of each merged party into the interests, shares, obligations or others securities of the survivor, in whole or in part, into cash or other property is as follows: |
|---|
| The outstanding shares of Xorail, Inc. shall be unaffected by the Merger. |
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| (Attach additional sheet if necessary) |
| B. The manner and basis of converting the <u>rights to acquire</u> the interests, shares, obligations or other securities of each merged party into the <u>rights to acquire</u> the interests, shares, obligations or others securities of the survivor, in whole or in part, into cash or other property is as follows: |
| The outstanding shares of Railroad Controls, L.P. shall be canceled. |
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| (Attach additional sheet if necessary) |

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| | (Attach additional sheet if necessary) |
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| XTH: If a limi | ited liability company is the survivor, the name and business address o managing member is as follows: |
| XTH: If a limich manager or i | ited liability company is the survivor, the name and business address o managing member is as follows: |
| XTH: If a limich manager or r | ited liability company is the survivor, the name and business address o managing member is as follows: |
| XTH: If a limich manager or r | ited liability company is the survivor, the name and business address o managing member is as follows: |
| XTH: If a limich manager or r | ited liability company is the survivor, the name and business address o managing member is as follows: |
| XTH: If a limi | ited liability company is the survivor, the name and business address o managing member is as follows: |
| IXTH: If a limitch manager or i | ited liability company is the survivor, the name and business address o managing member is as follows: |
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| IXTH: If a limited manager or i | ited liability company is the survivor, the name and business address o managing member is as follows: |
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| FIII. Other | | dditional sheet if no | • | |
| <u>FH:</u> Other | | dditional sheet if no relating to the mer | • | |
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