(Requestor's Name	)
(Address)	<del></del>
(Address)	
(City/State/Zip/Phor	ne #)
PICK-UP WAIT	MAIL
(Business Entity Na	ime)
(Document Number	r)
Certified Copies Certificate	es of Status
Special Instructions to Filing Officer:	

Office Use Only



400377431234

2821 DES 17 AH 8: 44

EFFECTIVE DATE

DEC 20 2021 I ALBRITTON

### **CT CORP**

4

### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

**Date:** 12/17/2021

D	Pate: 12/17/2021
	Acc#120160000072
Name:	Seaside Insurance, Inc.
Document #:	
Order #:	14028055
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of  Apostille/Notarial Certification:	Country of Destination:  Number of Certs:  Certified:  Plain:  COGS:
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$ 70.00

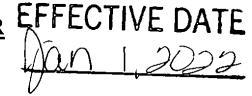
Thank you!

### **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Seaside Insurance, Inc.	
Name of Surviving Entity	
The enclosed Articles of Merger and fee are submitted for	filing.
Please return all correspondence concerning this matter to	following:
Camille Duerr, Paralegal	_
Contact Person	
Jones Day	_
Firm/Company	
1221 Peachtree St., NE, Suite 400	
Address	_
Atlanta, GA 30361	
City/State and Zip Code	<del>-</del>
melinda_davislux@ucbi.com	_
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Camille Duerr	404 <sub>,</sub> 581-8542
Name of Contact Person	Area Code & Daytime Telephone Number
Certified copy (optional) \$8.75 (Please send an additional	l copy of your document if a certified copy is requested)
Mailing Address:	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

IMPORTANT NOTICE: Pursuant to s.607.1622(8), F.S., each party to the merger must be active and current in filing its annual report through December 31 of the calendar year which this articles of merger are being submitted to the Department of State for filing.

# **ARTICLES OF MERGER**



The following articles of merger are submitted in accordance with the Florida Business Corporation Act, pursuant to section 607.1105, Florida Statutes.

FIRST: The name and jurisdiction of the surviving entity:

Document Number Jurisdiction Entity Type <u>Name</u> (If known/applicable) Seaside Insurance, Inc. FL Corp. P07000103987 **SECOND:** The name and jurisdiction of each <u>merging</u> eligible entity: Document Number Jurisdiction Entity Type Name (If known/applicable) LLC FinTrust Capital Benefit Group, LLC GA N/A

**THIRD:** The merger was approved by each domestic merging corporation in accordance with s.607.1101(1)(b), F.S., and by the organic law governing the other parties to the merger.

<u>FOUR</u>	TH: Please check one of the boxes that apply to surviving entity:
Ø	This entity exists before the merger and is a domestic filing entity.
	This entity exists before the merger and is not authorized to transact business in Florida.
Ō	This entity exists before the merger and is a domestic filing entity, and its Articles of Incorporation are being amended as attached.
	This entity is created by the merger and is a domestic corporation, and the Articles of Incorporation are attached.
Q	This entity is a domestic eligible entity and is not a domestic corporation and is being amended in connection with this merger as attached.
	This entity is a domestic eligible entity being created as a result of the merger. The public organic record of the survivor 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.
<u>FIFTH</u>	E: Please check one of the boxes that apply to domestic corporations:
<b>Ø</b>	The plan of merger was approved by the shareholders and each separate voting group as required.
	The plan of merger did not require approval by the shareholders.
SIXTE	L: Please check box below if applicable to foreign corporations
	The participation of the foreign corporation was duly authorized in accordance with the corporation's organic laws.
SEVE	NTH: Please check box below if applicable to domestic or foreign non corporation(s).
<b>Ø</b>	Participation of the domestic or foreign non corporation(s) was duly authorized in accordance with each of such eligible entity's organic law.

<u>EIGHTH:</u> If other than the date of filing, the delayed 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:

## 12:01 AM, EST, January 1, 2022

<u>Note:</u> 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.

NINTH: Signature(s) for Each Party:  Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:
Seaside Insurance, Inc.	melinda Dauis dux	Melinda Davis Lux
FinTrust Capital Benefit Group, LLC	melinda Davis dux	Melinda Davis Lux
By FinTrust Capital Partners, LLC its Sole Member		
By: United Community Banks, Inc. its Sole Member		

Corporations:

General partnerships: Florida Limited Partnerships; Non-Florida Limited Partnerships: Limited Liability Companies; Chairman, Vice Chairman, President or Officer (If no directors selected, signature of incorporator.)
Signature of a general partner or authorized person
Signatures of all general partners

Signature of a general partner Signature of an authorized person