

P08000050932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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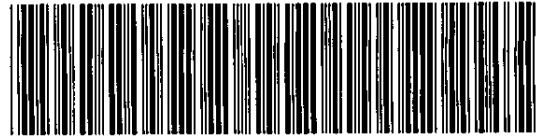
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/23/15--01001--019 **90.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 APR 22 PM 4:25
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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2015 APR 22 PM 4:50
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DR
4/23/15

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TALLAHASSEE, FLORIDA 32312

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COVER LETTER

WALK IN

ENTITY NAME: 12 Keys Rehab, Inc.

CK # ~~1651~~ 1651

AMOUNT: 90

PLEASE FILE THE ATTACHED AND RETURN:

☐ PLAIN COPY

☒ CERTIFIED COPY

PLEASE CONTACT TINA AT 850-508-1891 FOR
FURTHER INFORMATION ON THIS MATTER.

THANK YOU!

TINA GOFF, PRESIDENT

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 12 Keys Rehab, Inc.

Name of Surviving Party

The enclosed Certificate of Merger and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Lauren Anderson

Contact Person

Baker Donelson Bearman, Caldwell & Berkowitz, PC

Firm/Company

211 Commerce St., Suite 800

Address

Nashville, TN 37201

City, State and Zip Code

landerson@bakerdonelson.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauren Anderson

at (615) 726-7308

Name of Contact Person

Area Code

Daytime Telephone Number

| Certified copy (optional) \$30.00

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Articles of Merger
For
Florida Limited Liability Company

FILED
2015 APR 22 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

| <u>Name</u> | <u>Jurisdiction</u> | <u>Form/Entity Type</u> |
|------------------------------|---------------------|---------------------------|
| JourneyPure Jensen Beach LLC | Florida | limited liability company |
| 12 Keys Rehab, Inc. | Florida | corporation |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

SECOND: The exact name, form/entity type, and jurisdiction of the surviving party are as follows:

| <u>Name</u> | <u>Jurisdiction</u> | <u>Form/Entity Type</u> |
|---------------------|---------------------|-------------------------|
| 12 Keys Rehab, Inc. | Florida | corporation |
| _____ | _____ | _____ |

THIRD: 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).

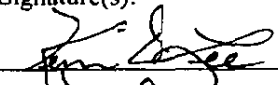

FOURTH: Please check one of the boxes that apply to surviving entity: (if applicable)

- ☒ 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 that does not have a certificate of authority to transact business in this state. The mailing address to which the department may send any process served pursuant to s. 605.0117 and Chapter 48, Florida Statutes is:

FIFTH: This entity agrees to pay any members with appraisal rights the amount, to which members are entitled under ss.605.1006 and 605.1061-605.1072, F.S.

SIXTH: 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:

SEVENTH: Signature(s) for Each Party:

| Name of Entity/Organization: | Signature(s): | Typed or Printed Name of Individual: |
|------------------------------|---|--------------------------------------|
| JourneyPure Jensen Beach LLC |  | Kevin D. Lee |
| 12 Keys Rehab, Inc. |  | Kevin D. Lee |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| | |
|-----------------------------------|---|
| Corporations: | Chairman, Vice Chairman, President or Officer (If no directors selected, signature of incorporator.) |
| General partnerships: | 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 |
| Limited Liability Companies: | Signature of an authorized person |

| | | | |
|---|---------|--|---------|
| <u>Fees:</u> For each Limited Liability Company: | \$25.00 | For each Corporation: | \$35.00 |
| For each Limited Partnership: | \$52.50 | For each General Partnership: | \$25.00 |
| For each Other Business Entity: | \$25.00 | <u>Certified Copy (optional):</u> | \$30.00 |