

PD9000015874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
15 MAR -9 PM 4:19

C.L.
3-10-15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 5, 2015

CHAD KASTER / CREATIVE RESURFACING SOLUTIONS INC
4500 140TH AVE N.
CLEARWATER, FL 33762 US

SUBJECT: CREATIVE RESURFACING SOLUTIONS INC.
Ref. Number: P09000015874

We have received your document for CREATIVE RESURFACING SOLUTIONS INC. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a merger, pursuant to s.605.0212(8), Florida Statutes, each party to the merger must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the articles of merger are submitted for filing.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 415A00002435

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CREATIVE MANUFACTURING SOLUTIONS, 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:

CHAD KASTEN

Contact Person

CREATIVE MANUFACTURING SOLUTIONS, INC.

Firm/Company

4500 140TH AVE N

Address

CLEARWATER, FL 33762

City, State and Zip Code

CHAD@CREATIVEMANUFACTURE.COM

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

For further information concerning this matter, please call:

CHAD KASTEN

Name of Contact Person

at (727) 492 0237

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

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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>
<u>WEST COAST CREATIVE</u>	<u></u>	<u>L14000043951</u>
<u>AT2SUAFACTING SOLUTIONS, LLC</u>	<u>FLORIDA</u>	<u>LLC</u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>

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

<u>Name</u> P09000015874	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
<u>CREATIVE RESURFACING</u> <u>SOLUTIONS, INC.</u>	<u>FLORIDA</u>	<u>CORPORATION</u>

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).

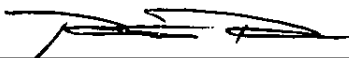
FOURTH: Please check one of the boxes that apply to surviving entity: (if applicable)

- ☒ 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:
CREATIVE MANUFACTURING SOLUTIONS, INC.		Petar Pitesa, President
WEST COAST CREATIVE MANUFACTURING SOLUTIONS, LLC		CHAD KRASNER, MANAGER
_____	_____	_____
_____	_____	_____

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

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