P13000019832

| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Boshess Entry Harre) |
| (Document Numb e r) |
| (303-1-11) |
| Certificates of Status |
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| - Company Shar Officer |
| · instructions to Filing Officer: |
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A. RAMSEY APR 28 2023

FLORIDA FILING & SEARCH SERVICES, INC.

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04/27/23

NAME:

MOISTURE INTRUSTION SOLUTIONS INC.

TYPE OF FILING: ARTICLES

COST: 70:00-60.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

| TÖ: Amendment Section Division of Corporations | |
|---|---|
| | |
| SUBJECT: Moisture Intrusion Solutions, 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: |
| Donald Williams | |
| Contact Person | _ |
| | |
| | _ |
| Firm/Company | |
| 475 Fentress Blvd., Suite A | |
| Address | _ |
| | |
| Daytona Beach, Florida 32114 | |
| City/State and Zip Code | - |
| | |
| dwilliams@consultmis.com | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| | |
| At (|) |
| 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 | Amendment Section |
| Division of Corporations | 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

FILED 2023 APR 27 AM 92 34

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: | | | | | | | |
|--|---------------------|-------------------------------|--|--|--|--|--|
| Name | <u>Jurisdiction</u> | Entity Type | Document Number (If known/applicable) | | | | |
| Moisture Intrusion Solutions, Inc. | Florida | Corporation | P13000019832 | | | | |
| SECOND: The name and jurisdiction of each merging eligible entity: | | | | | | | |
| Name Maintan Interview Callein III C | Jurisdiction | Entity Type Limited liability | Document Number (If known/ applicable) | | | | |
| Moisture Intrusion Solutions, LLC | Florida | company | L16000088596 | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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.

| FOUR | RTH: Please check one of the boxes that apply to surviving entity: |
|-------|---|
| × | 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. |
| | 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. |
| | This entity is a domestic eligible entity and is not a domestic corporation and is being amended in connection wit 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. |
| FIFTH | H: Please check one of the boxes that apply to domestic corporations: |
| Ø | 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 | I: 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). |
| M | Participation of the domestic or foreign non corporation(s) was duly authorized in accordance with each of such eligible entity's organic law. |

| EIGHTH: If other than the date of than 90 days after the date this documents that the date this documents are the date of the second se | filing, the de ment is filed | layed effective date of the merger, which on the Florida Department of State: | annot be prior to nor more |
|--|-------------------------------------|---|--------------------------------------|
| Note: If the date inserted in this blocklisted as the document's effective date. | ck does not n te on the Dep | neet the applicable statutory filing requirer partment of State's records. | nents, this date will not be |
| NINTH: Signature(s) for Each Party | y: | | Turned on Deleted |
| Name of Entity/Organization: | | Cocusigned by: | Typed or Printed Name of Individual: |
| Moisture Intrusion Solutions, Inc. | · | Donald Williams DOCUSIONED BY: | Donald Williams, President |
| Moisture Intrusion Solutions, LLC | | Donald Williams DIGOCOGOAARAEO | Donald Williams, Manager |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Corporations: | | n, Vice Chairman, President or Officer ectors selected, signature of incorporator. | |
| General partnerships: Florida Limited Partnerships: Non-Florida Limited Partnerships: Limited Liability Companies: | Signature Signature Signature | of a general partner or authorized person s of all general partners of a general partner of an authorized person | • |