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2018 DEC 28 PM 1: 30 SECTION 1: 30

18 DEC 28 AM W: 28

R. WHITE.



CT Corp.

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

Date: 12/28/2018

	Accent20100000072					
Name:	NEIGHBORHOOD INSURANCE AGENCY, LLC - CLADIUM					
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Order #:	11350647 12					
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Thank you!

COVER LETTER

TO;	Amendment Section Division of Corporations							
SUBJ	ECT: Cladium, Inc.	•						
	Name of Surviving Party							
The er	nclosed Certificate of Merger and fee(s	s) are submi	tted for fil	ing.				
	return all correspondence concorning			•				
Allison	n Kiene							
	Contact Person		 -					
Cladiu	ım, Inc.							
	Firm/Company	 						
4 Man	hattanville Rd.							
	Address							
Purcha	se, NY 10577							
	City, State and Zip C	ode:						
akiene	@sompo-intl.com							
	E-mail address: (to be used for future	annual repo	ort notifica	ition)	-			
For fur	rther information concerning this matte	er, please ca	11:					
	n Kiene	at (468-85	23			
	Name of Contact Person		Aroa C	Code	Daytime Telephone Number			
	Certified copy (optional) \$30.00							
STREET ADDRESS:			MAILING ADDRESS:					
Amendment Section			Amendment Section					
Division of Corporations Clifton Building			Division of Corporations P. O. Box 6327					
	Executive Center Circle		Tallaliass		32314			
Tallah	assee, FL 32301			-				

CR2E080 (2/14)

Articles of Merger For Florida Limited Liability Company

FILED

2018 DEC 28 PM 1: 29

SEGREL MY OF STATE TALLAHASSEE, FL

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 605.1025, Florida Statutes.

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).

FOO	RTH: Please check one of the	boxes that a	pply to surviving e	ntity: (if applicable)				
a	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.								
O	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:								
FIFT ss.605	H: This entity agroes to pay any .1006 and 605.1061-605.1072,	members w	ith appraisal rights	the amount, to whi	ch members are entit	iled under			
SIXT	H: If other than the date of filing	ng, the delay	ed effective date of	the merger, which	cannot be prior to no	or more than 90			
	fter the date this document is fi	led by the Fi	orida Department o	of State:					
Decon	nber 31, 2018								
	If the date inserted in this bloc document's effective date on th				irements, this date w	ill not be listed			
SEVE	NTH: Signature(s) for Each P	arty:							
Name	of Entity/Organization:		Signature(s):		Typed or Printed Name of Individua				
	porhood Insurance Agency, LLC		1	L N D/ Cd	John V. Del Col				
Cladiu	m, Ino.		1	L N DL CA	John V. Del Col				
· 				<u> </u>					
Corpo	rations:			President or Officer					
	al partnerships:	Signature	of a general partne	er or authorized per					
Florida Limited Partnerships: Signatures of all general partners Non-Florida Limited Partnerships: Signature of a general partner									
	d Liability Companies:		of an authorized p						
Fces:	For each Limited Liability Company: \$2:		\$25.00	For each Corpo	oration:	\$35.00			
	For each Limited Partnership	:	\$52.50	For each Gene	ral Partnership:	\$25.00			
	For each Other Business Enti	ty:	\$25.00	Certified Cop	v (optional):	\$30,00			