P14000059119

(Requestor's Name)
(Address)
(Address)
(Ĉity/State/Zip/Phone #)
PICK-UP WAIT MAIL
75
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900439611449

12/16/24--01002--005 **70.00

2024 DEC 13 AMT1: 24 SECRETARY OF STATE TALLAHASSEE, ET

CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PICK UP:	JENA 12/13
	CERTIFIED COPY	
XX	РНОТОСОРУ	
	CUS	
XX	FILING	MERGER
1.	LAC MERGER SUB INC. (CORPORATE NAME AND DOCUMEN	V(T'#)
2.	(CORPORATE NAME AND DOCUMEN	20 45
3.	CORPORATE NAME AND DOCUME.	NI #)
4	(CORPORATE NAME AND DOCUMES	VT #)
1.	(CORPORATE NAME AND DOCUMES	Ϋ́Γ#)
5.	(CORPORATE NAME AND DOCUMEN	Ϋ́T#)
6.	(CORPORATE NAME AND DOCUMEN	√T #)
SPECIAI	L INSTRUCTIONS:	

Articles of Merger For Florida Limited Liability Company

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:

Name	<u>Jurisdiction</u>	Form/Entity Type
IAC Merger Sub Inc.	Florida	Corporation
		SEC: TAI
SECOND: The exact name, form/entity	type, and jurisdiction of the <u>sur</u>	viving party are as follows:
Name	<u>Jurisdiction</u>	Form/Entity Type =
Alpha Modus, Corp.	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).

<u>FOUR</u>	• TH: Please check one of the b	oxes that ap	pply to surviving en	tity: (if applicable)						
Ø	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 statemailing address to which the department may send any process served pursuant to s. 605.0117 and Cha Florida Statutes is:										
ss.605.	1: This entity agrees to pay any 1006 and 605.1061-605.1072, F 1: If other than the date of filing ter the date this document is file.	.S. g. the delaye	ed effective date of	the merger, which cann	'w E					
as the o	If the date inserted in this block document's effective date on the NTH: Signature(s) for Each Page	Departmen			ents, this date wi	ll not be listed				
Name of Entity/Organization: Alpha Modus, Corp.			Signature(s): Bill Illussi		Typed or Printed Name of Individual: William Alessi					
IAC	Merger Sub Inc.		Mike Sii	rgr	Michael S	inger				
Florida Non-Fl	ations: Il partnerships: Limited Partnerships: orida Limited Partnerships: d Liability Companies:	(If no dire Signature Signature Signature	ectors selected, sign	er						
Fees:	For each Limited Liability Cor For each Limited Partnership: For each Other Business Entity	•	\$25.00 \$52.50 \$25.00	For each Corporation For each General P Certified Copy (or	artnership:	\$35.00 \$25.00 \$30.00				