# P21000052797

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### **COVER LETTER**

	Amendment Section Division of Corporations
	MERRILL INSURANCE SERVICES INC
SUBJEC	Name of Surviving Entity
The encl	losed Articles of Merger and fee are submitted for filing.
Please re	eturn all correspondence concerning this matter to following:
Gre	gory M. Clement, Esq.
	Contact Person
Burkh	nalter Kessler Clement & George LLP
	Firm/Company
2020	0 Main Street, Suite 600
	Address
Irvin	e, CA 92614
	City/State and Zip Code
	kova@bkcglaw.com
E-m	nail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
Gred	gory M. Clement, Esq. At (949 ) 975-7586
	Name of Contact Person Area Code & Daytime Telephone Number

### Mailing Address:

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

### Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
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**

EFFECTIVE DATE

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: Document Number <u>Name</u> Jurisdiction Entity Type (If known/applicable) Merrill Insurance Services, Inc. Florida Corporation P21000052797 **SECOND:** The name and jurisdiction of each <u>merging</u> eligible entity: Document Number <u>Name</u> **Jurisdiction** Entity Type (If known/applicable) Merrill Insurance Services, Inc. California Corporation N/A

<u>THIRD</u>: 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.

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<u>FOUR</u>	TH: Please check one of the boxes that apply to surviving entity:
Ø	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.
Q	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.
Q	This entity is a domestic eligible entity and is not a domestic corporation and is being amended in connection with 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	E: Please check one of the boxes that apply to domestic corporations:
<b></b>	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.
SIXTH	E: 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).
	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 filing,	the delayed e	ffective date	of the merger,	which cannot be prior	to nor more
	s after the date this document i					

## June 30, 2021

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ed or Printed of Individual:		Signature(s):	NINTH: Signature(s) for Each Party:  Name of Entity/Organization:
lerrill, Presiden	Denice M	Device Merrill	Merrill Insurance Services, Inc. (FL)
lerrill, Presiden	Denice M	Denice Merrill	Merrill Insurance Services, Inc. (CA)
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Corporations:

Chairman, Vice Chairman, President or Officer

General partnerships:

(If no directors selected, signature of incorporator.) Signature of a general partner or authorized person

Florida Limited Partnerships:

Signatures of all general partners

Non-Florida Limited Partnerships: Limited Liability Companies:

Signature of a general partner Signature of an authorized person