

P21000063064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

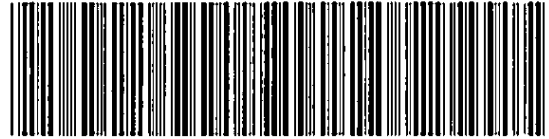
(Business Entity Name)

(Document Number)

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2021 AUG 10 10:21  
STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2021 AUG 12 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 11, 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 13, 2021

CSC

**RESUBMIT**  
Please give original  
submission date as file date.

SUBJECT: LESGRAN MANAGEMENT CORP.  
Ref. Number: P21000063064

We have received your document for LESGRAN MANAGEMENT CORP. and the authorization to debit your account in the amount of \$78.75. However, the document has not been filed and is being returned for the following:

Your document is being returned as requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 121A00019334

RECEIVED

2021 AUG 16 PM 3:45

FILE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 954158 4301184

AUTHORIZATION :



COST LIMIT : \$ 78.75

-----  
ORDER DATE : August 11, 2021

ORDER TIME : 9:20 AM

ORDER NO. : 954158-010

CUSTOMER NO: 4301184  
-----

ARTICLES OF MERGER

DAPARY MANAGEMENT CORP.

INTO

LESGRAN MANAGEMENT CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX \_\_\_\_\_ CERTIFIED COPY  
\_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lesgran Management Corp.

The enclosed Articles of Merger and fee are submitted for filing.

Please return all correspondence concerning this matter to following:

Michael A. Zimmerman

Contact Person

Law Offices of Michael A. Zimmerman

Firm/Company

600 Third Avenue, 35<sup>th</sup> Floor

Address

New York, New York 10016

City/State and Zip Code

mzimmerman@kanekessler.com

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

For further information concerning this matter, please call:

Michael A. Zimmerman, Esq.

Name of Contact Person

At (212) 247-7272

Area Code & Daytime Telephone Number



Certified copy (optional) \$8.75 (Please send an additional copy of your document if a certified copy is requested)

**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.

## 11

**FIRST:** The name and jurisdiction of the surviving entity:

**SECOND:** The name and jurisdiction of each **merging** eligible entity:

**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.

10  
11/10/21  
12/10/21

FOURTH: 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 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 partnership or a domestic limited liability partnership, its statement of qualification is attached.

FIFTH: Please check one of the boxes that apply to domestic corporations:

- ☒ 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: 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.

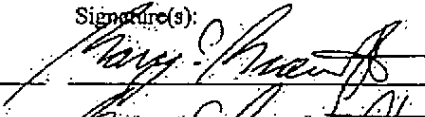

SEVENTH: Please check box below if applicable to domestic or foreign non corporation(s).

- ☐ 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 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:

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.

NINTH: Signature(s) for Each Party:

Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:
Lesgran Management Corp.		Gary C. Granoff, President
Dapary Management Corp.		Gary C. Granoff, President
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: Non-	Signatures of all general partners
Florida Limited Partnerships:	Signature of a general partner
Limited Liability Companies:	Signature of an authorized person