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(Re	equestor's Name)	
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Certified Copies	Certificates of	Status
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## COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJE	JECT: COOSHERO DAM MORE Name of Surviving Entity	Tre
The en	enclosed Articles of Merger and fee are submitted for filing.	
Please	se return all correspondence concerning this matter to following	:
<u>Ca</u>	any fall Contact Person	
	Mostine Disin Mone Je	
TE	D Box 12817 Address	
	Fx. Piece IC 3479  City/State and Zip Code	
<u>CC</u>	E-mail address: (to be used for future annual report notification)	
For fur	further information concerning this matter, please call:	
_0	Name of Contact Person  At (904)	392-7285 a Code & Daytime Telephone Number
C	Certified copy (optional) \$8.75 (Please send an additional copy of y	our document if a certified copy is requested)
	Division of Corporations Division P.O. Box 6327 The Cer	address: nent Section of Corporations stre of Tallahassee Monroe Street, Suite 810

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.

Tallahassee, FL 32303

## **ARTICLES OF MERGER**

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

Jurisdiction
Entity Type

Document Number
(If known/applicable)

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

<u>Name</u>	<u>Jurisdiction</u>	Entity Type	Document Number
Persuder Dise Co	FL_	For Profit	(If known/applicable) P21577037183
		<del></del>	
	<u> </u>		

**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.

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FOUR	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.
	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 limited partnership or a domestic limited liability partnership, its statement of qualification is attached.
<u>FIFTE</u>	H: Please check one of the boxes that apply to domestic corporations:
X	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.
SIXTI	1: 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.
<u>SEVE</u>	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 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:

<u>Note:</u> 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:

Okana

Carops Ball

Corporations:

General partnerships:

Florida Limited Partnerships: Non-Florida Limited Partnerships: Limited Liability Companies: Chairman, Vice Chairman, President or Officer

 $(If \ no \ directors \ selected, \ signature \ of \ incorporator.)$ 

Signature of a general partner or authorized person

Signatures of all general partners Signature of a general partner Signature of an authorized person

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