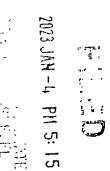
# P21000105164

(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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#### COVER LETTER

TO: Amendment Section Division of Corporations

Regional Supplemental Services Inc.

Name of Surviving Entity

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

Please return all correspondence concerning this matter to following:

## Rivka Teitelbaum

Contact Person

# Wolffers Cohen & Edderai LLP

Firm/Company

14 E. 4th Street, Suite 501

New York, NY 10012

# rivka@wolfferscohen.com

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

For further information concerning this matter, please call:

Rivka Teitelbaum

 $\operatorname{At}(\underline{484}) \underbrace{636\text{-}6415}_{\operatorname{Area Code \& Daytime Telephone Number}}$ 

Name of Contact Person

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.

## **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	<u>Jurisdiction</u>	Entity Type	Document Number (If known/ applicable)
Regional Supplemental Services Inc.	WY	corporation	2022-001194717
<b>SECOND:</b> The name and jurisdiction of each	merging eligible	entity:	
Name	<u>Jurisdiction</u>	Entity Type	Document Number
Regional Supplemental Services Inc.	FL	corporation	(If known/applicable) P21000105164
Regional Supplemental Services Inc.	WY	corporation	2022-001194717

<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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FOUR	.  FH: 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.					
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: 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.					

EICHTH: If other than the date of fil than 90 days after the date this docume		ayed effective date of the merger, which c by the Florida Department of State:	annot be prior to nor more
Note: If the date inserted in this block listed as the document's effective date		seet the applicable statutory filing requirer artment of State's records.	nents, this date will not be
NINTH: Signature(s) for Each Party:			Typed or Printed
Name of Entity/Organization:	I / <b>C</b> L >	Signature(s):	Name of Individual:
Regional Supplemental Services	inc. (FL)	Chris Jennings Chris Jennings	Christopher Jennings
Regional Supplemental Services II			Christopher Jennings
Corporations:  General partnerships: Florida Limited Partnerships: Non-Florida Limited Partnerships: Limited Liability Companies:	Of no dir. Signature Signature Signature	n, Vice Chairman, President or Officer ectors selected, signature of incorporator, of a general partner or authorized person s of all general partners of a general partner of an authorized person	,