# 24000000068

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

Office Use Only



600420427416

12/28/23--01002--001 \*\*140.00

12/28/23--01002--002 \*\*17.50



# **Filing Cover Sheet**

To: Florida Division of Corporation	วทร
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From: LESLIE SELLERS C/O Capitol Services, Inc.

Date: 12/27/2023

Trans#: 1426745

Entity Name: OHANA EVENTS, INC.

Articles of Incorporation ( )	Amendment ( )
Articles of Dissolution ( )	Annual Report ( )
Conversion ( )	Fictitious Name ( )
Foreign Qualification ( )	Limited Liability ( )
Limited Partnership ( )	Merger (XXX)
Reinstatement ( )	Withdrawal / Cancellation ( 7
Other ( )	Partnership Registration ( )
	- • •

STATE FEES PREPAID WITH CHECK # 3664 FOR \$140.00 and 3668 FOR \$17.50

\*\*\*\$78.75 TO BE APPLIED TO THIS FILING\*\*\*

**PLEASE RETURN:** 

Certified\_Copy\_(XXX) Plain Stamped Copy ( )

Good Standing ( ) Certificate of Fact ( )

Hierard

95 date 123, 23

Phone: 855-498-5500

#### **COVER LETTER**

TO: Amendment Section Division of Corporations				
Ohana Events				
SUBJECT: Name of Surviving Entity				
The enclosed Articles of Merger and fee are submitted for fi	ling.			
Please return all correspondence concerning this matter to for	ollowing:			
Danielle McNulty				
Contact Person				
Ohana Events			_3	
Finn/Company			2023	
3000 NE 2nd Avenue, Apt 741			2023 DEC 27	•
Address		;*		
Miami, FL 33137	_	50 . )	44 II: 0	
City/State and Zip Code		725		
danielle@ohanaevents.com  E-mail address: (to be used for future annual report notification)	-		_	
For further information concerning this matter, please call:				
	630 418-3264 Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daytime Pelephone Numer			
Certified copy (optional) \$8.75 (Please send an additional	l copy of your document if a certified copy is re	questec	i)	
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314	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: Document Number Jurisdiction 1 Entity Type <u>Name</u> (If known/applicable) Ohana Events, Inc Florida Corporation 824-168 SECOND: The name and jurisdiction of each merging eligible entity: <u>Jurisdiction</u> Document Number Entity Type Name (If known/applicable) Ohana Events, Inc Illinois Corporation 71424677

<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.



<b>FOUR</b>	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>FIFTI</u>	1: Please check one of the boxes that apply to domestic corporations:
0	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.
SIXT	H: Please check box below if applicable to foreign corporations
<b>2</b>	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 day	e of filing, the delay	ed effective date	of the merger,	which cannot b	e prior to nor mo	TC
	s after the date this						

### December 31, 2023

<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:  Ohana Events, Inc	Signature(s):  Dille Miller	Typed or Printed Name of Individual: Danielle McNulty	
Onana Events, inc		Danielle McNulty	
		<del></del>	

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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