# P24000067860

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#### **COVER LETTER**

TO: Amendment Section Division of Corporations  NATIONAL COALITION OF ESTHETICIANS ASSOCIATION INC.					
SUBJECT: NATIONAL COALITION OF ESTHETICIANS ASSOCIATION, 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:					
JOE A. CATARINEAU, JD, CPA					
Contact Person					
JOE A. CATARINEAU, PA					
Firm/Company					
91750 OVERSEAS HIGHWAY					
Address					
TAVERNIER, FL 33070					
City/State and Zip Code					
INFO@NCEACERTIFIED.ORG					

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

For further information concerning this matter, please call:

JOE A. CATARINEAU

At ( 305 ) 852-4833 ....

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  National Coalition of Estheticians Association, Inc.	Jurisdiction FL	Entity Type CORP	Document Number (If known/ applicable) P24000067860
<b>SECOND:</b> The name and jurisdiction of e	each <u>merging</u> eligible	entity:	
Name  National coalition of estheticians association, inc	Jurisdiction  NJ	Entity Type CORP	Document Number (If known/ applicable)
			S TALL
<b>THIRD:</b> The merger was approved by each d by the organic law governing the other parties		ration in accordance w	ith s.607.[F]01(F)(b), F.S., an

•						
<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.					
	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>FIFTH</u>	E: Please check one of the boxes that apply to domestic corporations:					
v	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.					
<u>SIXTI</u>	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.					
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.					
	STALL.					

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EIGHTH: If other than the date of fil than 90 days after the date this docume		-	-	annot be prior to nor more		
Note: If the date inserted in this block listed as the document's effective date			filing requirem	ents, this date will not be		
NINTH: Signature(s) for Each Party:						
Name of Entity/Organization:		Signature(s):		Typed or Printed Name of Individual:		
NATIONAL COALITION OF ESTHETICIANS ASSOCIATION, II	NC (FL)	Simum Mill	Sill	SUSANNE S. WARFIELD		
NATIONAL COALITION OF ESTHETICIANS ASSOCIATION, II	NC. (NJ)	- SUMMUN XN/d	Gill	SUSANNE S. WARFIELD		
**************************************				,		
	·,·					
Corporations:		nan, Vice Chairman, President directors selected, signature of		)		
General partnerships: Florida Limited Partnerships:	Signature of a general partner or authorized person Signatures of all general partners					

Signature of a general partner

Signature of an authorized person

Non-Florida Limited Partnerships:

Limited Liability Companies:

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