

P014000003779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

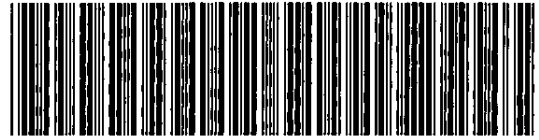
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900286937619

06/17/16--01023--002 **70.00

merger
JUN 23 2016
R. WHITE

FILED
16 JUN 17 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KLEIN
& ASSOCIATES
ATTORNEYS AT LAW

TOLL FREE: 888.611.1999
VOICE: 423.434.0225
FAX: 423.434.9260
RODNEY@KLEINASSOC.COM

June 13, 2016

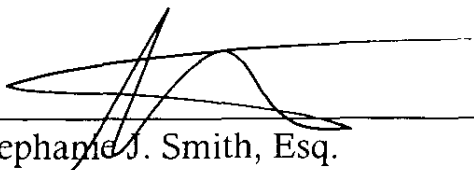
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: JD Squared of TN, Inc. and JD Squared, Inc.

Dear Corporate Clerk:

Please find enclosed the Articles of Merger for the above referenced entity. In addition, a check in the amount of \$70 has been enclosed for the filing fee for the State of Tennessee. Please return to us upon filing. Thank you in advance for your assistance.

Very truly yours,
Klein & Associates



Stephanie J. Smith, Esq.

SJS/kaa
Enclosures

PLEASE SEND CORRESPONDENCE TO:
THE ATRIUM IN THE MED TECH CORRIDOR • 110 CORPORATE DRIVE, SUITE 150 • JOHNSON CITY, TENNESSEE 37604

OFFICES ALSO IN KINGSFORT AND KNOXVILLE, TENNESSEE AND ASHEVILLE, NORTH CAROLINA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JD Squared of TN, Inc.

Name of Surviving Corporation

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

Please return all correspondence concerning this matter to following:

Stephanie J. Smith

Contact Person

Klein and Associates

Firm/Company

110 Corporate Dr. Suite 150

Address

Johnson City, TN 37604

City/State and Zip Code

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

For further information concerning this matter, please call:

Stephanie Smith

Name of Contact Person

At (423) 434-0225

Area Code & Daytime Telephone Number

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

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF MERGER
(Profit Corporations)

FILED
16 JUN 17 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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** corporation:

<u>Name</u>	<u>Jurisdiction</u>	<u>Document Number</u> (If known/ applicable)
JD Squared of TN, Inc.	Tennessee	

Second: The name and jurisdiction of each **merging** corporation:

<u>Name</u>	<u>Jurisdiction</u>	<u>Document Number</u> (If known/ applicable)
JD Squared, Inc.	Florida	P94000003779

Third: The Plan of Merger is attached.

Fourth: The merger shall become effective on the date the Articles of Merger are filed with the Florida Department of State.

OR 07 / 01 / 2016 (Enter a specific date. NOTE: An effective date cannot be prior to the date of filing or more than 90 days after merger file date.)

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.

Fifth: Adoption of Merger by **surviving** corporation - (COMPLETE ONLY ONE STATEMENT)

The Plan of Merger was adopted by the shareholders of the surviving corporation on June 13, 2016.

The Plan of Merger was adopted by the board of directors of the surviving corporation on _____ and shareholder approval was not required.

Sixth: Adoption of Merger by **merging** corporation(s) (COMPLETE ONLY ONE STATEMENT)

The Plan of Merger was adopted by the shareholders of the merging corporation(s) on June 13, 2016.

The Plan of Merger was adopted by the board of directors of the merging corporation(s) on _____ and shareholder approval was not required.

(Attach additional sheets if necessary)

Seventh: SIGNATURES FOR EACH CORPORATION

Name of Corporation

Signature of an Officer or Director

Typed or Printed Name of Individual & Title

JD Squared of TN, Inc.

Kimberly Hughes
Kimberly Hughes

Kimberly Hughes, Secretary

JD Squared, Inc.

Kimberly Hughes, Secretary

PLAN OF MERGER

(Non Subsidiaries)

The following plan of merger is submitted in compliance with section 607.1101, Florida Statutes, and in accordance with the laws of any other applicable jurisdiction of incorporation.

First: The name and jurisdiction of the **surviving** corporation:

Name

Jurisdiction

JD Squared of TN, Inc.

Tennessee

Second: The name and jurisdiction of each **merging** corporation:

Name

Jurisdiction

JD Squared, Inc.

Florida

Third: The terms and conditions of the merger are as follows:

JD Squared, Inc. will transfer all of its assets to JD Squared of TN, Inc. (a newly formed company with no current assets). The shareholders of JD Squared will receive shares of JD Squared of TN, Inc. in the same portions as owned in JD Squared, Inc. in return.

Fourth: The manner and basis of converting the shares of each corporation into shares, obligations, or other securities of the surviving corporation or any other corporation or, in whole or in part, into cash or other property and the manner and basis of converting rights to acquire shares of each corporation into rights to acquire shares, obligations, or other securities of the surviving or any other corporation or, in whole or in part, into cash or other property are as follows:

As set forth above, the shareholders of JD Squared, Inc. will receive an equal amount of shares of JD Squared of TN, Inc. in return for transfer of all assets of JD Squared, Inc. to JD Squared of TN, Inc.

(Attach additional sheets if necessary)