

S79444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

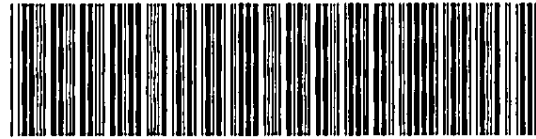
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000398134070

effective date  
1-1-23  
merger

12/12/22--01021--017

12/12/22--01021--017 \*\*60.00

FILED  
2022 DEC 12 PM 12 01  
SECRETARY OF STATE  
OF ARIZONA

A. RAMSEY

MAR 10 2023

# BrewerLong

BUSINESS LAW

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December 6, 2022

VIA U.S. MAIL

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

Re: Articles of Merger Filing

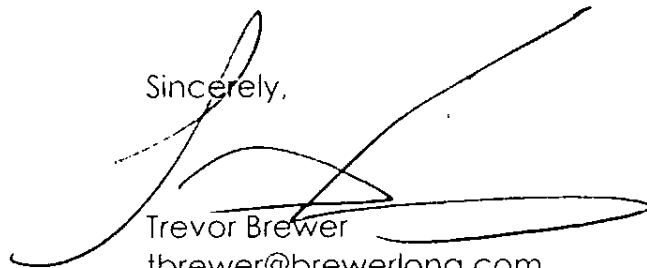
Dear Sir or Madam:

The enclosed Certificate of Merger between AutonoMe Product Solutions LLC and Accessibility Services, Inc. (surviving party) and fees are submitted for filing. Enclosed is a check in the amount of \$60.00 (\$25.00 for Limited Liability Company and \$35.00 for Corporation).

Please return all correspondence concerning this matter to:

Trevor K. Brewer  
BrewerLong PLLC  
407 Wekiva Springs Rd, Ste 241  
Longwood, FL 32779

Sincerely,



Trevor Brewer  
tbrewer@brewerlong.com

[Encls.]

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ACCESSIBILITY SERVICES, INC.

Name of Surviving Party

The enclosed Certificate of Merger and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Trevor K. Brewer

Contact Person

BrewerLong PLLC

Firm/Company

407 Wekiva Springs Rd Ste 241

Address

Longwood, FL 32779

City, State and Zip Code

sunbiz@brewerlong.com

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

For further information concerning this matter, please call:

Trevor K. Brewer at ( 407 ) 660-2964

Name of Contact Person

Area Code

Daytime Telephone Number

☐ Certified copy (optional) \$30.00

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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

2022 DEC 12 PM 12 07

SECRETARY OF THE ARMY  
STABILITY COMPANY FIRST INFANTRY  
FORT WORTH, TEXAS

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
<u>AutonoMe Product Solutions LLC</u>	<u>Florida (L18000281643)</u>	<u>LLC</u>
<u>Accessibility Services, Inc.</u>	<u>Florida (S79444)</u>	<u>Corporation</u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>

<u>Name</u>	<u>Jurisdiction</u>	<u>Form/Entity Type</u>
Accessibility Services, Inc.	Florida (S79444)	Corporation

**THIRD:** The merger was approved by each domestic merging entity that is a limited liability company in accordance with ss.605.1021-605.1026; by each other merging entity in accordance with the laws of its jurisdiction; and by each member of such limited liability company who as a result of the merger will have interest holder liability under s.605.1023(1)(b).

**FOURTH:** Please check one of the boxes that apply to surviving entity: (if applicable)

- ☒ This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.
- ☐ This entity is created by the merger and is a domestic filing entity, the public organic record 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.
- ☐ This entity is a foreign entity that does not have a certificate of authority to transact business in this state. The mailing address to which the department may send any process served pursuant to s. 605.0117 and Chapter 48, Florida Statutes is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

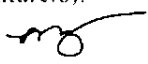
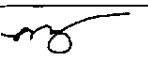
**FIFTH:** This entity agrees to pay any members with appraisal rights the amount, to which members are entitled under ss.605.1006 and 605.1061-605.1072, F.S.

**SIXTH:** 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:

January 1, 2023

**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.

**SEVENTH:** Signature(s) for Each Party:

Name of Entity/Organization:	Signature(s):	Typed or Printed Name of Individual:
Autonome Product Services LLC		Lisa Swiger, Manager
Accessibility Services, Inc.		Lisa Swiger, President
_____	_____	_____
_____	_____	_____

Corporations:	Chairman, Vice Chairman, President or Officer (If no directors selected, signature of incorporator.)
General partnerships:	Signature of a general partner or authorized person
Florida Limited Partnerships:	Signatures of all general partners
Non-Florida Limited Partnerships:	Signature of a general partner
Limited Liability Companies:	Signature of an authorized person

<b><u>Fees:</u></b>	For each Limited Liability Company:	\$25.00	For each Corporation:	\$35.00
	For each Limited Partnership:	\$52.50	For each General Partnership:	\$25.00
	For each Other Business Entity:	\$25.00	<b><u>Certified Copy (optional):</u></b>	\$30.00