L18000128250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Effective Date 12/31/19

19 DEC 30 PM 3:00

JAN 29 2020

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DONNA'S DEVOTED HEALTH CARE LLC
Name of Surviving Party

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

Please return all correspondence concerning this matter to:

DONNA BECKFORD, PRESIDENT
Contact Person

DONNA'S DEVOTED HEALTH CARE LLC
Firm/Company

3637 FOURTH STREET NORTH SUITE 101
Address

ST. PETERSBURG, FL 33704
City, State and Zip Code

KAREN@ENVOYTAXADVISORS.CO
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAREN REINAGEL, EA at (727) 252-9980
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

FILED
2015 DEC 30 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E080 (2/14)

Articles of Merger
For
Florida Limited Liability Company

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 605.1025, Florida Statutes.

FIRST: The exact name, form/entity type, and jurisdiction for each **merging** party are as follows:

Name	Jurisdiction	Form/Entity Type
DONNA'S DEVOTED HOME CARE LLC	FLORIDA	LLC- L13000163527

SECOND: The exact name, form/entity type, and jurisdiction of the **surviving** party are as follows:

Name	Jurisdiction	Form/Entity Type
DONNA'S DEVOTED HEALTH CARE LL	FLORIDA	LLC- L18000128250

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).

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
19 DEC 30 PM 3:00

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:

12/31/2019

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:
DONNA'S DEVOTED HEALTH CARE LLC	Donna Beckford	DONNA BECKFORD
DONNA'S DEVOTED HOME CARE LLC	Donna Beckford	DONNA BECKFORD

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

Fees:				
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	**Certified Copy (optional)**:	$30.00