

(Re	equestor's Name)	<del> </del>
(Ad	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Nam	ne)
(De	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		ļ
Q. SILAS		
	NOV 10 2021	

Office Use Only



900375560259

10/28/21--01005--028 +\*70.00

2021 OCT 28 FM 2: 22 SECRETA NO DE COMO TALLA NO DE COMO

## COVER LETTER

TO: Amendment Section Division of Corporations	•
CORLIVEIDE INC	
SUBJECT: Name of Surviving Entity	
The enclosed Articles of Merger and fee are submitted for	or filing.
Please return all correspondence concerning this matter to	o following:
Evelyn I. Suero	
Contact Person	<del></del>
Suero Law, PLLC	
Firm/Company	<del></del>
1001 Brickell Bay Dr Suite 270	0
Address	<del></del>
Miami, FL 33131	
City/State and Zip Code	<del></del>
esuero@suerolawpllc.com	
E-mail address: (to be used for future annual report notification	1)
For further information concerning this matter, please cal	II:
Evelyn I. Suero	<sub>,</sub> 305 396-8772
Name of Contact Person	Area Code & Daytime Telephone Number
Certified copy (optional) \$8.75 (Please send an additional)	nal copy of your document if a certified copy is requested)
Mailing Address:	Street Address: Amendment Section
Amendment Section Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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**

FILED

The following articles of merger are submitted in accordance with the Florida Business Corporation Acc.

pursuant to section 607.1105, Florida Statutes.

SECRETARY OF STATE

FIRST: The name and jurisdiction of the surviving entity:

Name Name	<u>Jurisdiction</u>	Entity Type	Document Number
<del></del>	·		(If known/ applicable)
GOBUYSIDE INC	Florida	Corporation	P21000066563
	<del></del>		<del></del>

**SECOND:** The name and jurisdiction of each <u>merging</u> eligible entity:

Name	<u>Jurisdiction</u>	Entity Type	Document Number (If known/ applicable)
GOBUYSIDE INC	New York	Corporation	, трритает,
GOBUYSIDE INC	Florida	Corporation	P21000066563
	<del></del>		
	***		
			<del></del>

**THIRD:** 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.

<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.
FIFTH	E: Please check one of the boxes that apply to domestic corporations:
Ø	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.
SIXTE	E: 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).
נו	Participation of the domestic or foreign non corporation(s) was duly authorized in accordance with each of such eligible entity's organic law.

,

	ck does not meet the applicable statutory filing ree on the Department of State's records.	equirements, this date will not be	
NINTH: Signature(s) for Each Party		Typed or Printed	
Name of Entity/Organization:	Signature(s):	Name of Individual	
GOBUYSIDE INC	Arjuu Kapur	Arjun Kapur	
GOBUYSIDE INC	Arjuu Kapur	Arjun Kapur	
Corporations:  General partnerships:	Chairman, Vice Chairman, President or Off (If no directors selected, signature of incorp. Signature of a general partner or authorized	orator.)	
Florida Limited Partnerships: Non-Florida Limited Partnerships:	Signatures of all general partners Signature of a general partner		
Limited Liability Companies:	Signature of an authorized person		