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D. BRUCE NOV 0 4 2016



### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2016

DUNCAN SIMPSON PO BOX 170 GAINESVILLE, TX 76241

SUBJECT: MERIT ADVISORS, LLC Ref. Number: W16000067363

We have received your document for MERIT ADVISORS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 516A00022376

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FLORIDA DEPARTMENT OF STATE LAHASSEE, FLORIDA

October 18, 2016

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Deborah Bruce Regulatory Specialist II

Letter Number: 516A00022376

## COVER LETTER

	Registration Section Division of Corporation	15				
SUBJEC	Merit Advisors, LL	C				
		Name of I	Limited Liability	Company		
The enclo Existence	sed "Application by For , and check are submitte	eign Limited Liability Comp d to register the above refere	oany for Authoriza	ation to Transact Business in Florida," C ited liability company to transact busines	Certificate of ss in Florida	
Please ret	urn all correspondence of	concerning this matter to the	following:			
	Duncan Simps	on				
	Name of Person					
	Merit Advisors, LLC					
	PO Box 170					
	Address					
	Gainesville, Texas 76241					
	1	-	tate and Zip Code	•		
	duncan.simpson(	2b29investments.com  E-mail address: (to be used	for firere annua	I report notification)		
For furthe	er information concernin	g this matter, please call:	Tot latare amua	report notification)		
Duncan Simpson		940	612-5037			
_	Name o	f Contact Person	at ( Area Code	Daytime Telephone Number		
T F F	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Fallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
	is a check for the follow  ■ \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Fili Certified Copy		FILED	

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Merit Advisors, LLC	ign Limited Liability Company; mu		shility Company "" I.C. "or	wic ")	
(Name of Fore	ign Limited Liability Company; mu	ist include "Limited Li	anility Company, "1.17.C.," or	"LLC.")	
Liability Company," "L.L.C,"	ternate name adopted for the purpose or "LLC.")			ne must include "Lim	ited
2. Texas		3. 20-5965155			
company is organized)	of which foreign limited liability	-	(FEI number, if applicable)	)	
4. January 14, 2016				_	
	(Date first transacted busin (See sections 605.0904 & 605	ess in Florida, it prior i 5,0905, F.S. to determi	to registration.) ne penalty liability)		
5. 201 West California St	reet				
Gainesville, Texas 762				_	
	(Street Address of	Principal Office)			
6. PO Box 170					
Gainesville, Texas 762	41				
	(Mailing	Address)		_	
7. Name and street addres	ss of Florida registered agent: (P	O. Box NOT accept	ptable)		
Name:	CAPITOL CORPORATE SEL	RVICES, INC.	_		
Office Address:	155 OFFICE PLAZA DRIVE,	, SUITE A			
	TALLAHASSEE		, Florida 32301		
	(City)		(Zip code)	_	
designated in this applica to complywith the provisi accept the obligations of i	gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent.  (Regis	ntment as registered e proper and comple Jason Fische of Capit stered agent's signature	agent and agree to act in the steperformance of my duties of Assa. Sec. on behalf to the second of t	his capacity. I furth	her agree ir with an
•	acity and address of the person(s		ority to manage is/are:	다 유 <mark>대</mark> 의	m
John Schmitz, Manager, F	PO Box 170, Gainesville, Texas	76241		<del>- 5</del>	O
Steve Schmitz, Manager,	PO Box 170, Gainesville, Texas	s 76241			
William Presson, Manage	er, PO Box 170, Gainesville, Tex	ras 76241			
9. Attached is a certificate jurisdiction under the law of the translator must be so		lays old, duly authen certificate is in a fore	eign language, a translation o	g custody of records of the certificate und	in the der oath
This document is executed submitted in a document to	d in accordance with section 605 to the Department of State constit Duncan Simpson	.0203 (1) (b), Florida tutes a third degree fo	a Statutes. I am aware that an elony as provided for in s.817	ny false information 7.155, F.S.	

Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Carlos H. Cascos Secretary of State

## Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for Merit Advisors, LLC (file number 802369882), a Domestic Limited Liability Company (LLC), was filed in this office on January 14, 2016.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 31, 2016.



Carlos H. Cascos

Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB Come visit us on the internet at http://www.sos.state.tx.us/

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 696788800003