(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bodanient Nambel)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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Office Use Only



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SECRETARY OF STATE

10 HAT 12 PH 1: 3





### **COVER LETTER**

TO: New Filing Section Division of Corporations		
SUBJECT: Merit Holdings, Inc.		
	tion - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact but	Standing" and check are submitted to register the	
Please return all correspondence concerning this ma	atter to the following:	
Elisha Damon		
Name	of Person	
Merit Resources, Inc.		
Firm/C	Company	
4165 120th Street		
A	ddress	
Des Moines, IA 50323		
City/Sta	te and Zip code	
elisha.damon@meritresources.com		
E-mail address: (to be us	ed for future annual report notification)	
For further information concerning this matter, plea	se call:	
Melissa Ness at (515	չ 278-1931	
· · · · · · · · · · · · · · · · · · ·	rea Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADD RESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount:		
□ \$70.00 Filing Fee  □ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy □ Certificate of Status & Certified Copy	



May 7, 2010

ELISHA DAMON 4165 120TH STREET DES MOINES, IA 50323

SUBJECT: MERIT HOLDINGS, INC.

Ref. Number: W10000022361

We have received your document for MERIT HOLDINGS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 710A00011576

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. Merit Holdi (Enter name "Inc.," "Co.,"	ngs, Inc. of corporation; must include "INCORPORATED " "Corp.," "Inc.," "Co.," or "Corp.")	," "COMPANY," "CORPORATION,"	
Merit Holdi	ogs II, Inc.		
(If name una	vailable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	
2. Delaware	3.	20-8055706	
	try under the law of which it is incorporated)	(FEI number, if applicable)	
4. 12/14/2006	; <b>5</b> .	Perpetual	
Œ	Date of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
6. <u>n/a</u>		·	
•		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
a 4165 120th St	, Des Moines, IA 50323		
/, <u>-1105 12011 04</u>	(Principal office add	(680)	
4165 120th St	, Des Moines, IA 50323		
	(Current mailing add		=
		<u> </u>	7
	pany for captive insurance company, which provi		_
(Ригроз	e(s) of corporation authorized in home state or co	mi	_
9. Name and st	reet address of Florida registered agent: (P.O	). Box NOT acceptable)	
Name:	C T Corporation System	ORI	
Office Address:	1200 South Pine Island Rond	— <u> </u>	ř
Muciess:		· .	
•	Plantation	Florida 33324 (Zip code)	
	(City)	(2)p code)	
0. Registered	agent's acceptance:	e of process for the above stated corporation at the place	
Taving been na lesignated in th urther agree to	is application, I hereby accept the appointm	ent as registered agent and agree to act in this capacity. I clative to the proper and complete performance of my duties,	
Taving been na lesignated in th urther agree to	is application, I hereby accept the appointm comply with the provisions of all statutes re	ent as registered agent and agree to act in this capacity. I clative to the proper and complete performance of my duties,	
Taving been na lesignated in th urther agree to	is application, I hereby accept the appointm comply with the provisions of all statutes re ar with and accept the obligations of my pos	ent as registered agent and agree to act in this capacity. I dative to the proper and complete performance of my duties, dition as registered agent.	

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having oustody of corporate records in the jurisdiction under the law of which it is incorporated.



12. Names and business addresses of officers and/or directors:

A. DIRE		UMAI 12 PM 1: 32
		SECRETARY OF STATE
	4165 120th Street	ALL TONION
-	Des Moines, IA 50323	
Vice Chair	rman:	
Address: _		
<del></del>		
Director:	Pamela Clearwater	
Address:	4165 120th Street	
<u>_</u>	Des Moines, IA 50323	
Director:	Joel Duncan	
Address:	4165 120th Street	
	Des Moines, IA 50323	
B. OFFI	CERS	
President:	Joseph Lane, Sr.	·
Address:	4165 120th Street	
<u>-</u>	Des Moines, IA 50323	
Vice Presid	dent: Pamela Clearwater	
Address: _	4165 120th Street, Des Moines, IA 50323	
-	4165 120th Street, Des Moines, IA 50323	
Secretary:	Joel Duncan	
Address: _	4165 120th Street, Des Moines, IA 50323	
Treasurer:	Pamela Clearwater	
Address: _	4165 120th Street, Des Moines, IA 50323	
NOTE: 1	If necessary, you may attach an addendum to the application listing additional offi while School of Classification (Signature of Director or Officer listed in number 12 of the application)	
<sub>14</sub> Pam	ela Clearwater, Treasurer	nı)
14	(Typed or printed name and capacity of person signing application)	)

# Delaware

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MERIT HOLDINGS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF MAY, A.D. 2010.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

Jeffrey W. Bullock, Secretary of State

AUTHENT (CATION: 7971222

DATE: 05-04-10

4255656 8300

100457539

You may verify this certificate online at corp.delaware.gov/authver.shtml