F150000000458

(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:
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COVER LETTER

TO: New I	Filing Section	on			
Divisi	ion of Corpo	orations			
SUBJECT:	Merge	Investigations	, In	C.	
				- must include suffix	
Dear Sir or M	adam:				
"Certificate of	f Existence,	n by Foreign Corporation ' or "Certificate of Good corporation to transact bu	Stan	ding" and check are sub	ct Business in Florida," omitted to register the
Please return a	all correspo	ndence concerning this m	atter	to the following:	
David J.	Nottol				
		Name	of F	Person	
Merge In	าvestig	ations, Inc.			
		Firm/	Com	oany	
PO Box	6326				
		A	ddre	ss	· · · · · · · · · · · · · · · · · · ·
Lancast	er, PA	17607			
		City/Sta	ite an	d Zip code	
dnottoli@)mergei				
		E-mail address: (to be us	sed fo	or future annual report i	notification)
For further inf	ormation co	ncerning this matter, plea	ase ca	all:	
Rachel I	Miller	_{at (} 517	7	, 414-7347	
Name	of Person	at (rea C	0 414-7347 Ode & Daytime Teleph	one Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		n rations enter Circle		MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a c	check for the	e following amount:			
■ \$70.00 Fili	ng Fee (\$78.75 Filing Fee & Certificate of Status	_	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



January 15, 2015

DAVID J. NOTTOLI PO BOX 6326 LANCASTER, PA 17607

SUBJECT: MERGE INVESTIGATIONS, INC.

Ref. Number: W15000003157

We have received your document for MERGE INVESTIGATIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 415A00000933

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Enter name of co	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"			
·	•	adopted for the purpose of transacting busine	ss in Florida	a)	
_{2.} Pennsylv	ania 3.				
,	under the law of which it is incorporated)	(FEI number, if applicable)			
4. 04/21/20:	11	_{s.} perpetual			
	of incorporation)	(Duration: Year corp. will cease to exist or	"perpetual"	<u>')</u>	
6.					
o	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)			
_{7.} 2221 Duto	ch Gold Drive, Lancaster,	PA 17061	57.00		
	(Principal office add	fress)	<u> </u>	ш Ц	
PO Box 63	326, Lancaster, PA 17607			i B	
	(Current mailing add	fress)	開報	\sim	
8 Private Investigations				₽# 3: 	
(Purpose(s) of corporation authorized in home state or c	ountry to be carried out in state of Florida)	<u> </u>	<u>ر</u> ن	
9. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)		C	
Name:	Peter Leone				
Office Address:	920 Dogwood Drive, Bldg 11, Unit	1 360			
	Delray Beach	, Florida 33483			
	(City)	(Zip code)			

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

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 custody 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. DIRECTORS

Chairman:	15 FEB -2 PM 3: 35
Address:	SECRETARY OF CHATE TALLAHASSEE, FLORIDA
Vice Chair	man:
Director:	
- Director:	
	David J. Nottoli
	PO Box Lancaster, PA 17601
- Vice Presid	lent:
Secretary:	
Treasurer:	
Address: _	
NOTE: 1	necessary, you may attach an addendum to the application listing additional officers and/or directors.
	Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

_{14.} David J. Nottoli

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COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

15 FEB -2 PM 3: 34

DECEMBER 15, 2014

SECTED OF STEEL FLORIDA

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Merge Investigations, Inc.

Is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Care aribe

Certification Number. 12295871-1 Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp