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(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer: CORRECTION TO ALTERNATE NAME Per Conversation with Jim Williams 4/17/2018 KS					





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COVER LETTER

TO:	Registration Se Division of Cor				
SUB.	IECT:	Merlin A	ssociates, in	c .	
			tion - must include suffix		
Dear !	Sir or Madam:				
"Certi	ficate of Existenc	ion by Foreign Corporation e." or "Certificate of Good 9 n corporation to transact but	Standing" and check are sui		
Please	return all corresp	ondence concerning this ma	atter to the following:		
		W. J. V	<u> <u> </u></u>	, - .	
			of Person		
		<u>Merlin</u>	Associates,	(ÀC,	
		rinn/C	company		
		400	JW 7th Ave	me, #940	
		tut h	auderdale,	FL 33311	
		City/Sta	te and z.ip code		
		iw@	air fax. ae i	5 0	
		E-mail address: (to be us	ed for future annual report	notification)	
For fu	rther information	concerning this matter, plea	se call:		
<u> </u>	in wil	liams at 86	0 567.16	20	
	Name of Person	n Area (Code Daytime Telep	phone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building			Registration S Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	
	2661 Executive Tallahassee, FL		Tallahassee, I	FL 32314	
Enclos	sed is a check for	the following amount:			
☐ \$7 ¹).00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

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.

Medin Associates (ALABAMA) INC.	1.	MeNin Associates (AC.) (Enter name of corporation: must include "INCORPORATED." "COMPANY," "CORPORATION."
(If name unavailable in Florida, enter alternate corporate name adopted for me purpose of transacting business in Florida) 2. Alabama 3. (63 – (145299 (FEI number, if applicable) 4. 22 Feb 1995 5. (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 400 NW 7th Avenue #940 (Principal office address) Fort Landerdale FL 33311 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Jim Williams Office Address: 400 NW 7th Avenue, #940 Fort Landerdale Florida 33311 (City) (Zip code) 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the designated in this application, I hereby accept the appointment as registered agent and agree to act in this capa further agree to comply with the provisions of all statutes relative to the proper and complete performance of m duties, and I am familiar with and accept the obligations of my position as registered agent.	•	(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc.," "Co.," or "Corp.")
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(SEE SECTIONS 607.1501 & 607.1502. F.S., to determine penalty liability) 7. 400 NW 7th Avanue #940 (Principal office address) Fort Landevdale FL 3.3311 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Jim Williams Office Address: 400 NW 7th Avanue, #940 Fort Landevdale Florida 33311 (City) 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the designated in this application. I hereby accept the appointment as registered agent and agree to act in this capa further agree to comply with the provisions of all statutes relative to the proper and complete performance of m duties, and I am familiar with and accept the obligations of my position as registered agent.	6.	
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(Regulated agent's signature)	Ha des fur	ving been named as registered agent and to accept service of process for the above stated corporation at the place ignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I ther agree to comply with the provisions of all statutes relative to the proper and complete performance of my
		(Regular signature)

10. 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 prother official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:	18 APP ED
A. DIRECTORS	APR 12
Chairman: Carol M. Williams	18 APR 13 PH 3: 15
Address: [1] Mastro Lane, Unit 2	1999/05 Stays
Enfield NH 03748	
Vice Chairman:	
Address:	
Director: W.J. Williams	
Address: 400 NW 7th Avenue,	
Fort handerdale, FL 3	3311
Director:	
Address:	
· · · · · · · · · · · · · · · · · · ·	
B. OFFICERS	
President: W.J. Williams	
Address: 400 NW 744 Avenue	
Fort Lauderdale, FL 3	3311
Vice President:	
Address:	
Secretary:	
Address:	·
Treasurer:	
Address:	
NOTE: If necessary, you may altach an addendum to the application listing additional	officers and/or directors.
12.	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) at	ffirms that the facts stated herein
are true and that he or she is aware that false information submitted in a document to the a third degree felony as provided for in s.817.155, F.S.	ne Department of State constitutes
13. W.J.WILLIAMS Director / (Typed or printed name and capacity of person signing applica	President
(Typed or printed name and capacity of person signing applica	tion)

JOHN H. MERRILL SECRETARY OF STATE ALABAMA STATE CAPITOL MONTGOMERY, AL 36130

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of the State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Merlin Associates, Inc. was formed in Jefferson County, Alabama on February 22, 1995. The Alabama Entity Identification number for this entity is 170-182. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

FILED

18 APR 13 PH 3: 15

SECOLIA DE CENTRE DE COMP.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the City of Montgomery, on this day.

Date

March-∠/, ∠018

John H. Merrill



Secretary of State

003-815