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**B** FIGUEROA

JUL 19 2018



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 29, 2018

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CINDY STEPIEN 1749 S NAPERVILLE RD STE 200 WHEATON, IL 60189

SUBJECT: MERIT SOLUTIONS INC. Ref. Number: W18000059812

We have received your document for MERIT SOLUTIONS 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L17000089291.

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) 245-6051.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 118A00013426



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www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

### **COVER LETTER**

TO:	Registration Section
	Division of Corporations
	Merit Solutions Inc.

SUBJECT:

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Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following: Clndy Stepien

		Name of P	erson		
Merit Solutions Inc.					
		Firm/Com	bany		
1749 S. Naperville Rd S	Suite 200				
		Addres			
Wheaton, Illinois 60189	1				
·····		City/State an	d Zip coo	le	
cstepien@meritsolution	is.com	-			
	E-mail address: (	to be used fo	or future	annual report r	otification)
For further information	concerning this mat	ter, please ca	ıll:		
Cindy Stepien		630	614-7 <sup>-</sup>	33 x 237	
	at	(	)		
Name of Perso	n	Area Code	I	Daytime Telepl	hone Number
STREET/COU	JRIER ADDRESS:			MAILING A	DDRESS:
Registration Se	ction			Registration S	
Division of Cor	porations			Division of Co	
Clifton Buildin	-			P.O. Box 6327	
2661 Executive Tallahassee, FL				Tallahassee, F	L 32314
Enclosed is a check for	the following amou	nt:			
\$70.00 Filing Fee	\$78.75 Filing F Certificate of S		\$78.75 I Certified	Filing Fee & I 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. Merit Solutions, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

Merit Solutions Systems Inc.

,

1.

(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transact	ing business in Florida)
Illinois 2.	3.	36-4277170	
(State or countr 2/16/1999	y under the law of which it is incorporated)	(FEI number, if a	pplicable)
(Date 06/20/2018	of incorporation) 5.	(Date of duration, if othe	er than perpetual)
		n Florida, if prior to registration) 502, F.S., to determine penalty liab	ility)
·	(Princi	pal office address)	
	(Current maili	ng address, if different)	
<ol> <li>Name and <u>stree</u></li> <li>Name:</li> </ol>	et address of Florida registered agent: (P.) Sean O'Reilly	D. Box <u>NQT</u> acceptable)	
Office Address:	2582 SW 14th St Boyton Beach	33426	AH 8:
	(City)	, Florida (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 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.

NKall

(Registered agent's 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 or other 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:

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1749 S. Naperville Rd, Suite 200, Wheaton, IL 6018	89
S:	
hairman:	
s:	
r:	
s:	
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r:	
S:	
FICERS	
William Burke	
nt: 1749 S. Naperville Rd, Suite 200, Wheaton, IL 6018	39
5:	
esident:	
esident:	
s:	plication listing additional officers and/or directors.
s:	plication listing additional officers and/or directors.

(Typed or printed name and capacity of person signing application)



# To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of

### Business Services. I certify that

MERIT SOLUTIONS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 16, 1999, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



## In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 22ND day of MAY **A.D.** 2018.

esse W

SECRETARY OF STATE

Authentication #: 1814202286 verifiable until 05/22/2019 Authenticate at: http://www.cyberdriveillinois.com