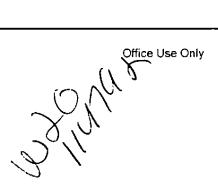
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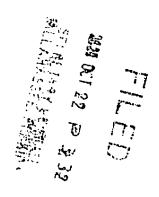
(Reque	estor's Name)			
(Addre	ss)			
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(City/S	tate/Zip/Phone #)		
PICK-UP ·	WAIT	MAIL		
(Busine	ess Entity Name))		
(Document Number)				
Certified Copies	Certificates of	f Status		
Special Instructions to Filing Officer:				





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OCT 25 CCC T. LT VEEUX

COVER LETTER

Mericus Holdings L.L.C.				
Name of Limited Liability Company				
	ity Company for Authorization to Transact Business in Florida," Certific ove referenced foreign limited liability company to transact business in F			
return all correspondence concerning this matter	er to the following:			
Bryce Heaberlin				
	Name of Person			
Mericus Holdings L.L.C.				
	Firm/Company			
2207 Logan Av.				
	Address			
D.M., IA50317				
	City/State and Zip Code			
btheaberlin@aol.com				
E-mail address: (to	o be used for future annual report notification)			
ther information concerning this matter, please	e call:			
Bryce Heaberlin	515 520-5567			
Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address:	Street Address:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations The Centre of Tallahassee			
P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			
i analiassee, i L 32314	Tallahassee, FL 32303			



October 6, 2020

BRYCE HEABERLIN 2207, LOGAN AVE DM, IA 50317

SUBJECT: MERICUS HOLDINGS L.L.C.

Ref. Number: W20000114792

We have received your document for MERICUS HOLDINGS L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The principal address needs to be completed. Also the name of the city in Iowa needs to be spelled out.,

Please return 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.

Tracy L Lemieux Regulatory Specialist II

RECENIED OCT 19 2020

Letter Number: 520A00019463

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

5 1

f sg = a

(Name of Foreign	.C. Limited Liability Company; must include "Limited	Liability Company,""L.L.C.," or "LLC.")
ne unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC."
wa		85-1290091
urisdiction under the law of w	hich foreign limited liability company is organized)	(FEI number, if applicable)
no busines	S conducted in Flo (Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registration, represents liability
207 Logan AV.		2207 Logan AV. 6. (Mailing Address)
Address of Principal Office)		(Mailing Address)
Ses Moi	us, Towa	D.M., IA50317 Des Moines, I
50317		50317
ame and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)
Name:	Bryan Heaberlin	
Office Address:	5201 15th street North	
	St. Petersburg	33703 , Florida
	(City)	(Zip code)
istered agent's accep	itance'	

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager ·	Name:	≣ Manager	Name:
■Member	Address:	■Member	Address: 5201 15th street North
□Authorized	D.M.,IA50317	□Authorized	St. Petersburg, FL,-33703
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	·
Person		Person	
□Other	Other	□Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Signature of an authorized person

Bryan S. Heuberlin

Typed or printed name of signee

<u>Home</u>

To print the certificate use the Print link above, or use the web browser's Print command (see the File menu) Print margins of no larger than 1 inch are recommended

IOWA SECRETARY OF STATE PAUL D. PATE



CERTIFICATE OF EXISTENCE

Issue Date: 7/9/2020

Name: MERICUS HOLDINGS L.L.C. (489DLC - 633797)

Date of Incorporation: 6/3/2020

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: CS195706

To validate certificates visit:

sos.iowa.gov/ValidateCertificate