

MA1000003672

(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:

Office Use Only



300361957483

03/16/21--01031--014 **125.00

FILED
2021 MAR 16 PM 4:35
CLERK OF STATE
TALLAHASSEE, FL

YS
3/31/21

YEAR YEAR
Consulting LLC
1580 N. Point Prairie Road
Wentzville, MO 63385

"Your Compliance Solution"

Phone: (636) 639-1880
Fax: (636) 639-1233
www.y2yc.com

March 04, 2021

via U.S. Priority Mail

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida

To Whom It May Concern:

Please find enclosed the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for Merit Administration, LLC.

The following documents make up the application packet

- this cover letter;
- Cover Sheet
- Check #3088 for \$125.00
- Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida
- Certificate of Good Standing

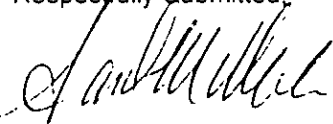
Your acknowledgement of receipt and subsequent acceptance of this application will be appreciated. If you have any questions or need additional information please contact me at the phone, fax numbers or e-mail address listed below or by mail at the address listed above to the Attention of Sandra Maeder.

Please send approval or other documents to:

Sandra Maeder
Year to Year Consulting, LLC
1580 N. Point Prairie Rd.
Wentzville, MO 63385

Thank you for your consideration.

Respectfully Submitted,



Sandra Maeder
Analyst/Product Compliance
Year to Year Consulting, L.L.C.
sandra.maeder@y2yc.com
Phone: (636) 639-1880
Fax: (636) 639-1233

Enclosures

2021 MAR 18 PM 4:35
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Merit Administration, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Sandra Maeder
Name of Person

Year to Year Consulting LLC
Firm/Company

1580 N. Point Prairie Rd.
Address

Wentzville, MO 63385
City/State and Zip Code

sandra.maeder@y2yc.com
E-mail address: (to be used for future annual report notification)

2021 MAR 16 PM 4:35
FILED

For further information concerning this matter, please call:

Sandra Maeder at (636) 639-1880
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Merit Administration, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Missouri 3. 86-1932318
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 1128 Rock Creek Elementary School Dr. 6. 142 Albany Manor Dr.
(Street Address of Principal Office) (Mailing Address)
O'Fallon, MO 63366 Wentzville, MO 63385

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Inc.
Office Address: 7901 4th St N STE 300
St. Petersburg, Florida 33702
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Bill Hume

(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Brandon Schrader</u>	<input type="checkbox"/> Manager	Name: <u>David Schrader</u>
<input checked="" type="checkbox"/> Member	Address: _____	<input checked="" type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>1128 Rock Creek Elementary School Dr.</u>	<input type="checkbox"/> Authorized	<u>1128 Rock Creek Elementary School Dr.</u>
Person	<u>O'Fallon, MO 63366</u>	Person	<u>O'Fallon, MO 63366</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: <u>Michelle Schrader</u>	 <input type="checkbox"/> Manager	 Name: _____
<input checked="" type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>1128 Rock Creek Elementary School Dr.</u>	<input type="checkbox"/> Authorized	_____
Person	<u>O'Fallon, MO 63366</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

Brandon Schrader

Signature of an authorized person

Brandon Schrader

Typed or printed name of signer

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

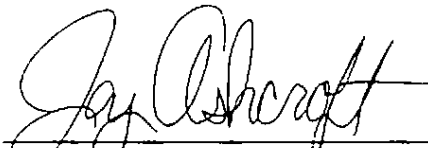
CERTIFICATE OF GOOD STANDING

I, John R. Ashcroft, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

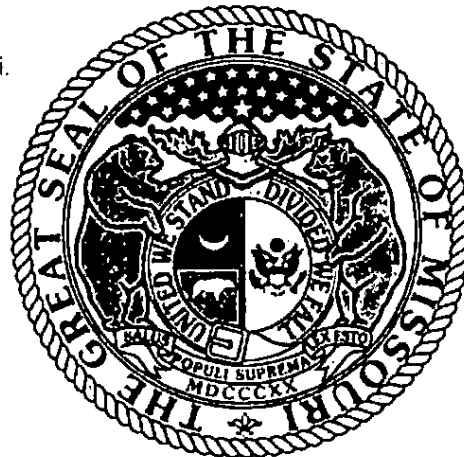
Merit Administration, LLC
LC1747673

A Missouri entity was created under the laws of this State on 12/8/2020, and is Active, having fully complied with all the requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri.
Done at the City of Jefferson, the 22nd day of February, 2021.


Secretary of State

Certification Number: CERT-IN60583



2021 MAR 16 PM 4:35