

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

(-)

: WILSON TAX & ACCOUNTING INC. Account Name

Account Number : I20150000107 Phone : (941)625~1925

Fax Number : (941)625-1526

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FLORIDA PROFIT/NON PROFIT CORPORATION Merritt Litigation Support, Inc.

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Corporate Filing Menu

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11/6/2017

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MNV & 2017



November 7, 2017

FLORIDA DEPARTMENT OF STATE Division of Corporations

WILSON TAX & ACCOUNTING INC.

SUBJECT: MERRITT LITIGATION SUPPORT, INC.

REF: W17000089129

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Nadira D McClees-Sams Regulatory Specialist II

FAX Aud. #: E17000292973 Letter Number: 917A00022503

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

<u>ARTICLE II PRI:</u>	VCIPAL OFFICE Principal street address	Mailing addn	ess, if different is:	
699 West Glenrose Rd Coatsville, PA 19320		699 West Gleorose Re	699 West Gleurose Rd	
		Contsville, PA 19320		
ARTICLE III PURPOSE The purpose for which the corporation is organized is:		and all lawful business	A.C.	
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	of stock is:			
The number of shares ARTICLE V INIT Name and Ti	of stock is: IAL OFFICERS AND/OR DIRECTO tle: Linda K Merritt President 699 West Glenmse Rd	Name and Title:	\$	
The number of shares ARTICLE V INIT	of stock is: IAL OFFICERS AND/OR DIRECTO tle: Linda K Merritt President 699 West Glenmse Rd		\$	
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Name ar	nd Title:	Nume and Title:	÷
Address	<u> </u>	Address:	
			
ARTICLE VI	REGISTERED AGENT 	Of the registered agent is:	
Name:	Beth A. Wilson		
Address:	1300 Enterprise Dr. St	- -c A	
	1300 Enterprise Dr. St Port Charlotte, FL 33	<u>15</u> 3	17 NO
ARTICLE VII	<u>INCORPORATOR</u>		N-7
The game and ac	dress of the Incorporator is:		7. P.
Name:	Linda K Merritt	_	
Address:	699 West Glenrose Rd	_	Ser un
	Coatsville, PA 19320		
Effective date, if of (If an effective diffling.) Note: If the date the document's effective date.	EFFECTIVE DATE: other than the date of filing: see is listed, the date must be specific and cann inserted in this block does not meet the applicabl fective date on the Department of State's records	e statutory filing requirements, th	nis date will not be listed as
this certificate, I a	m familiar with and accept the appointment as re	gistered agent and agree to act it	n this capacity
_	(. A (i. 1)		11:6/17
	Keephor Sign and CKeephord Appel		Date
I submit this docu document to the D	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felo	true. I um aware that the false ny as provided for in s.817.135, I	information submitted in a F.S.
_	The War A		E1/6/17
Requit	ed Signature/incorporator		Date
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