

POS000140771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

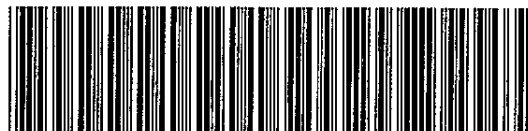
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/14/05--01015--009 **70.00

2005 OCT 14 P 4:54
SEC-ET 7614 STATE
TALLAHASSEE FLORIDA

FILED

12-17-05

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Equity Hub Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Mark S Kornutik

Name (Printed or typed)

4204 Herschel Street #52

Address

Jacksonville, FL 32210

City, State & Zip

904-338-2851

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Equity Hub Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4204 Herschel Street
Jacksonville, FI 32210

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and All lawful business

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Mark S Kornutik President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

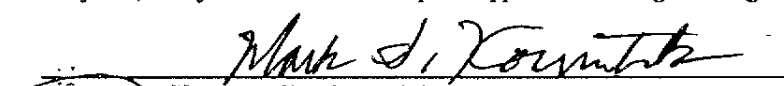
Mark s Kornutik 4204 Herschel St #52 Jacksonville, FI 32210

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ryanne Wilkins 1830 North Main Street Jacksonville, FI 32206

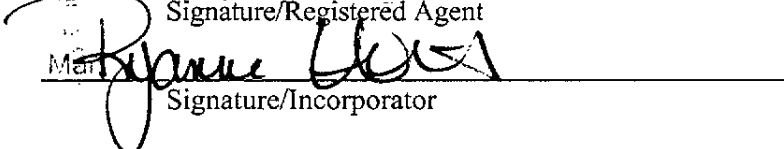
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Signature/Registered Agent

10/7/2005

Date

Mark


Signature/Incorporator

10/7/2005

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 OCT 14 P 4: 54

FILED