

PI3000043235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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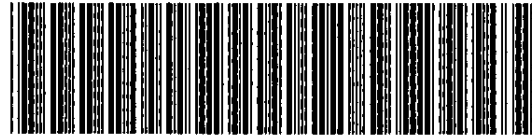
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 5/15

COVER LETTER

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

SUBJECT: **Epic Funding, 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: **Epic Funding, Inc.**

Name (Printed or typed)

2180 W 1st St., Ste 540

Address

Fort Myers, FL 33901

City, State & Zip

800-530-2680

Daytime Telephone number

sara@epicfundingfl.com

E-mail address: (to be used for future annual report notification)

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: Epic Funding, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2180 W 1st St, Ste 540

Fort Myers, FL 33901

Mailing address, if different

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Mortgage Broker

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sara Oetken Name and Title: _____

Address 335 Fleetwood Ave Address: _____

Lehigh Acre, FL 33936 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(conti.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Sara Oetken

Address: 335 Fleetwood Ave

Lehigh Acres, FL 33936

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sara Oetken

Address: 335 Fleetwood Ave

Lehigh Acres, FL 33936

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

Sara B. Oetken
Sara B. Oetken Required Signature/Registered Agent

4/15/13
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Sara B. Oetken
Sara B. Oetken Required Signature/Incorporator

4/15/13
Date