# P14000008130

(Re	equestor's Name)	
(Ac	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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### **COVER LETTER**

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

SUBJECT: Domestication for Equity Mutual Funding, Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

### **FEES:**

Certificate of Domestication \$ 50.00 Articles of Incorporation and Certified Copy \$ 78.75 Total to domesticate and file \$128.75

### **OPTIONAL:**

Certificate of Status

\$ 8.75

Equity Mutual Funding, Inc.

Name (printed or typed)

5080 Harmony Circle #103

Address

Vero Beach, Florida 32967

City, State & Zip

772-360-4458

Daytime Telephone Number

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

# CERTIFICATE OF DOMESTICATION

SECRETARY OF STATE. DIVISION OF BORFURATION
--

(Title)  (Title)  AH 9: 2: a foreign corporation,  1
21 , 1997 . ned, incorporated, or otherwise
ned, incorporated, or otherwise
ned, incorporated, or otherwise
Certificate of Domestication
•
Funding, Inc.
place of business or central ion under applicable law, vas
estication requirements pursuant

Filing Fee:

Certificate of Domestication \$ 50.00
Articles of Incorporation and Certified Copy \$ 78.75
Total to domesticate and file \$ \$128.75

## **ARTICLES OF INCORPORATION**

IN COMPLIANCE WITH CHAPTER 607, F.S.

DIVISION OF BOADCRATH H

ARTICLE I NAME

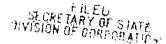
THE NAME OF THE CORPORATION SHALL BE:

2014 JAN 21 AM 9: 22

Equity Mutual Funding, Inc.	
ARTICLE II PRINCIPAL OFFICE  THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS: Principal Address  5080 Harmony Circle #103	Mailing Address PO Box 650253
Vero Beach FL 32967	Vero Beach FL 32965
ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZA Management Company	ED:

# ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS: ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES: Title/Name Kim Reinhart

**Director** President Title/Name Title/Name Title/Name Title/Name Title/Name Title/Name



ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT 18: 23

Kim Reinhart 5080 Harmony Circle #103 Vero Beach, FL 32967

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Kim Reinhart

5080 Harmony Circle #103

Vero Beach, FL 32967

Having been named as registered agent and to accept service of process for the above stated corporation at the blace 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

Signature/Incorporator

12-28-2013

Date

12-28-2013

Date