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:

Account Name : VCORP SERVICES, LLC

Account Number: I20080000067

Phone

: (845)425-0077

Fax Number

: (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA PROFIT/NON PROFIT CORPORATION

Vertical Fund Management Corp.

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N. SAMS

NOV 22 2017

Electronic Filing Menu

Corporate Filing Menu

Help

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

TICLE II PRIN					
9046 Bruce B. Down	Principal <u>street</u> address s Blvd. #413	Mailing address, if different is:			
ampa, FL 33647	, <u> </u>				
 					
RTICLE III PURP ne purpose for which	OSE the corporation is organized is:	y lawful act or activi	ity for which a co	orporation ma	y bc
ganized under the Go	neral Corporation Law of Florida other than	the banking business	s, the trust compa	any business	or
e practice of a profes	sion permitted to be incorporated by the Flo	rida Business Corpora	ations Act.		
					
					
	 				<u> </u>
		 			
					
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Name i	and Title:	Name and Title:	······································
Addre	ss	Address:	
ARTICLE VI The name and	<u>REGISTERED AGENT</u> Florkla street address (P.O. Box NOT acceptal	ole) of the registered agent is:	
Name:	Vcorp Services, LLC		
Address:	5011 South State Road 7, Suite 106		17 m
**	Davie, FL 33314		NOV 2
ARTICLE VII	INCORPORATOR		NOV 21 PM 12: 00
The name and a	uddress of the Incorporator is:		
Name:	Pang Her		M 12: 00
Address:	90 Discovery		<u> </u>
	Irvine, CA 92618		
Effective date, it	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and ex	. (OPTIONAL)	or or 90 days after the
Note: If the data	e inserted in this block does not meet the applic effective date on the Department of State's reco	able statutory filing requirements, rds.	this date will not be listed as
Having been na- this certificute, I	med as registered agent to accept service of pro um fumiliar with and geocpt the appointment a	ocess for the above stated corporates registered agent and agree to act	tion at the place designated in in this cupacity
(Sa	la file		11/20/2017
	Required Signature/Registered Agent		Date
I submit this doc document to the	cument and affirm that the facts stated herein Department of State constitutes a third degree f	are true. I am aware that the fall elony as pravided for in s.817.155,	se information submitted in a , F.S.
	\sim		11/20/2017
Requ	ired Signature/Incorporator		Date