

(Re	equestor's Name)	
(Ac	ldress)	<u> </u>
(Ac	ldress)	_
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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01/19/18--01031--005 **55.00

03/01/18--01002--001 **35.00

2010 HAR -5 P. 28 29
SECRETARY OF STATE
AND AMASSEE, FLORIDA

Mergal

COVER LETTER

SUBJECT:	Equity & Help, Inc.					
50 5, 501.	Name of Surviving Party					
The enclosed Certific	cate of Merger and fee(s) are su	ıbmitted for fi	ling.			
Please return all corre	espondence concerning this ma	itter to:				
Austin Kerr						
	Contact Person		•			
Equity & Help, Inc.						
	Firm/Company		•			
600 Cleveland St., ste.	780					
	Address					
Clearwater, FL 33755						
	City, State and Zip Code					
info@equityandhelp.co	om					
E-mail addres	ss: (to be used for future annual	report notific	cation)	-		
For further information	on concerning this matter, plea	se call:				
Austin Kerr	at +	844	552-8	3828		
Name of Co	ontact Person	· 	Code	Daytime Telephone Number		
Certified cop	y (optional) \$30.00					
STREET ADDRESS	S:	MAILI	NG AD	DRESS:		
Amendment Section		Amendment Section				
Division of Corporations		Division of Corporations				
Clifton Building		P. O. Box 6327				
2661 Executive Center		Tallahas	see, FL	32314		
Tallahassee, FL 3230	91					

CR2E080 (2/14)

Amendment Section

Division of Corporations

TO:



February 2, 2018

AUSTIN KERR 600 CLEVELAND ST STE 780 CLEARWATER, FL 33755

SUBJECT: EQUITY & HELP, INC. Ref. Number: P18000000368

We have received your document for EQUITY & HELP, INC. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file this merger is 90.00. \$25.00 for the LLC \$35.00 for the corporation and you want the certified copy so the total is \$90.00 to file.

There is a fee of \$35.00 due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 918A00002259

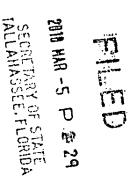
Articles of Merger For Florida Limited Liability Company

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 605.1025, Florida Statutes.

FIRST: The exact name, form/entity type, and jurisdiction for each **merging** party are as follows:

Name	<u>Jurisdiction</u>	Form/Entity Type	
MyTrusts LLC	Florida	LLC	
		<u> </u>	
			
SECOND: The exact name, form/entity type, a	nd jurisdiction of the <u>surviving</u> part	y are as follows:	
Name	<u>Jurisdiction</u>	Form/Entity Type	
Equity & Help, Inc.	Florida	Corporation	

THIRD: The merger was approved by each domestic merging entity that is a limited liability company in accordance with ss.605.1021-605.1026; by each other merging entity in accordance with the laws of its jurisdiction; and by each member of such limited liability company who as a result of the merger will have interest holder liability under s.605.1023(1)(b).



<u>FOUF</u>	<u>TH:</u> Please check one of the	boxes that apply to	surviving er	ntity: (if applicab	le)				
0.	This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.								
0	This entity is created by the merger and is a domestic filing entity, the public organic record is attached.								
	This entity is created by the merger and is a domestic limited liability limited partnership or a domestic limited liability partnership, its statement of qualification is attached.								
	This entity is a foreign entity mailing address to which the Florida Statutes is:								
	THE COLOR OF THE C								
	<u>1:</u> This entity agrees to pay any 1006 and 605.1061-605.1072,		praisal rights	the amount, to w	hich members are entit	led under			
	1: If other than the date of filir fter the date this document is file.				ch cannot be prior to no	r more than 90			
	If the date inserted in this block document's effective date on the				quirements, this date w	ill not be listed			
<u>SEVE</u>	NTH: Signature(s) for Each Page 1	arty:							
Name	of Entity/Organization:	Sign	ature(s)	C	Typed or Printed Name of Individual				
	& Help, Inc.		A not a	Thas	ANGEUCA	GOLLEZ			
МуТги	sts LLC		The same of the sa		Leman	Sellet			
My	Trusts LLC			23	Jim Ana	buich			
Согро	rations:	•	•	President or Office					
Genera	al partnerships:	(If no directors selected, signature of incorporator.) Signature of a general partner or authorized person							
	Limited Partnerships:	Signatures of all general partners							
	lorida Limited Partnerships: d Liability Companies:	Signature of a g Signature of an							
	,	•	•		-marriage	ድን ድ ስለ			
Fees:	For each Limited Liability Co For each Limited Partnership:		\$25.00 \$52.50	For each Col	rporation: neral Partnership:	\$35.00 \$25.00			
	For each Other Business Entit		\$25.00		opy (optional):	\$30.00			