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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

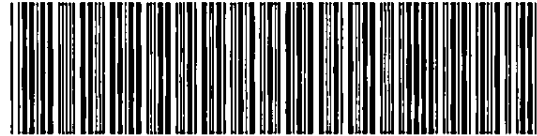
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SECRETARY OF THE
TREASURY

COVER LETTER

TO: Charter Section
Division of Corporations

SUBJECT: eCapital Corp.

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Cris Neely

Contact Person

Global Merchant Fund

Firm/Company

20807 Biscayne Blvd #203

Address

Aventura, FL 33180

City, State and Zip Code

cneely@globalmerchantfund.com

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

For further information concerning this matter, please call:

Cris Neely at (**305**) **356 8083**

Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$105.00 Filing Fees ☒ \$113.75 Filing Fees and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☐ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:
New Filings Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filings Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

eCapital LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a limited liability company
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Nevada
(Enter state, or if a non-U.S. entity, the name of the country)

on February 12, 2013

Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

eCapital Corp.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____.

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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CLERK OF COURT
HALL COUNTY, FLORIDA

Signed this 17 day of September, 2019.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an
Incorporator: Cris Neely

Printed Name: Cris Neely Title: Director

Required Signature(s) on behalf of Other Business Entity: (See below for required signature(s).)

Signature: Charles Sheppard

Printed Name: Charles Sheppard Title: President

Signature: Ken Judd

Printed Name: Ken Judd Title: Chief Executive Officer

Signature: Kevin Garvey

Printed Name: Kevin Garvey Title: Chief Financial Officer

Signature: Cris Neely

Printed Name: Cris Neely Title: Secretary

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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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: eCapital Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Principal street address

20807 Biscayne Blvd #203

Aventura, FL 33180

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Corporation may engage in any lawful business activity.

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SECRETARY
TALLAHASSEE, FL

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charles Sheppard / President

Address: 20807 Biscayne Blvd #203

Aventura, FL 33180

Name and Title: Cris Neely / Director

Address: 20807 Biscayne Blvd #203

Aventura, FL 33180

Name and Title: Ken Judd / Vice President

Address: 20807 Biscayne Blvd #203

Aventura, FL 33180

Name and Title: _____

Address: _____

Name and Title: Kevin Garvey / Director

Address: 20807 Biscayne Blvd #203

Aventura, FL 33180

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Jonathan Staebler
Address: 20807 Biscayne Blvd #203
Aventura, FL 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

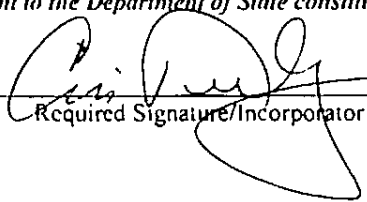
Name: Cris Neely
Address: 20807 Biscayne Blvd #203
Aventura, FL 33180

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


Required Signature/Registered Agent

9/17/19
Date

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


Required Signature/Incorporator

9/17/2019
Date

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SECRETARY OF
TALLAHASSEE FLORIDA