

F2500000243

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000014230 3)))



H250000142303ABCR

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

RECEIVED

2025 JAN 13 AM 11:30

FLORIDA
DIVISION OF CORPORATIONS
STATE

FOREIGN PROFIT/NONPROFIT CORPORATION

Equipifi, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

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K. SALY

JAN 14 2025

2025 JAN 13 PM 3:56
FILED

850-817-8381

1/10/2025 2:38:54 PM PAGE

1/001

Fax Server



January 10, 2025

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: EQUIPIFI
REF: W25000003931

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

If you have any further questions concerning your document, please call (850) 245-6051.

Andrea Andrews
Regulatory Specialist II
Registration Section

FAX Aud. #: H25000010591
Letter Number: 825A00000764

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Equipifi, Inc. _____
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person
Capitol Services - Corporate Filings Team

Firm/Company
515 East Park Avenue 2nd Fl

Address
Tallahassee, FL 32301

City/State and Zip code

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

For further information concerning this matter, please call:

IMPORTANT: The email address entered here will be utilized for future annual report notifications and possibly other NOTIFICATIONS from the STATE to the entity!

Name of Person at (855) 498 - 5500
Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Equipifi, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DE 3. 87-1380696
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/8/2021 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 1/2/2025
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1321 Adams St., Longwood, FL 32750
(Principal office street address)

8660 E. Hartford Dr., Suite 100, Scottsdale, AZ 85255
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

Tallahassee, Florida 32301
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Geneva Harrison, Asst. Secretary on
behalf of Capitol Corporate Services, Inc.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT

A. DIRECTORS

☐ Chairman Name: Bryce Deeney_____

☐ Vice Chairman Address: 8660 E. Hartford Dr., Suite 100,____

☒ Director Scottsdale, AZ 85255_____

☒ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Martin Walker_____

☐ Vice Chairman Address: 8660 E. Hartford Dr., Suite 100,____

☒ Director Scottsdale, AZ 85255_____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Gregg Scoresby_____

☐ Vice Chairman Address: 8660 E. Hartford Dr., Suite 100,____

☒ Director Scottsdale, AZ 85255_____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: MaryAnne Keegan_____

☐ Vice Chairman Address: 8660 E. Hartford Dr., Suite 100,____

☒ Director Scottsdale, AZ 85255_____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: LouAnne Alexander_____

☐ Vice Chairman Address: 8660 E. Hartford Dr., Suite 100,____

☒ Director Scottsdale, AZ 85255_____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Jeff Liesendahl_____

☐ Vice Chairman Address: 8660 E. Hartford Dr., Suite 100,____

☒ Director Scottsdale, AZ 85255_____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Colleen Shannon/Chief Financial Officer

(Typed or printed name and capacity of person signing application)

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CLERK OF COURT
JAN 13 2025
CLERK OF COURT

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EQUIPIFI, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EQUIPIFI, INC." WAS INCORPORATED ON THE EIGHTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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2025 JAN 13 PM 3:57
-CLERK OF COURT-
DELAWARE



5981857 8300

SR# 20250071796

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202651755

Date: 01-09-25