

PO3000091867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



500022170115

08/18/03--01010--015 \*\*78.75

03 AUG 18 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

8-24-03

## TRANSMITTAL LETTER

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

**SUBJECT:** Express Home Funding Corp [EHFC]  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Harold J. Hobbs  
Name (Printed or typed)

2943 Twin Falls Court  
Address

Jacksonville, Fl. 32224  
City, State & Zip

904-655-6940  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

**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:

Express Home Funding Corp

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

2943 Twin Falls Court Jacksonville, Fl. 32224

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Mortgage Brokering

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

Harold J. Hobbs [ President ]  
2943 TWIN FALLS COURT  
JACKSONVILLE, FL. 32224

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

HAROLD HOBBS 2943 Twin Falls Court Jacksonville, Fl. 32224

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

HAROLD HOBBS 2943 TWIN FALLS COURT  
JACKSONVILLE, FL. 32224

\*\*\*\*\*  
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

\_\_\_\_\_  
Signature/Registered Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date

FILED  
03 AUG 18 PM 2: 20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA