P03000128276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

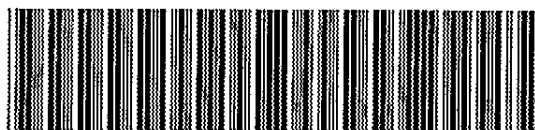☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

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W03-326

TRANSMITTAL LETTER

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

SUBJECT: _CYCLOAN CORPORATION_
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)

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

☐ $70.00   ☐ $78.75   ☐ $78.75   ☒ $87.50
Filing Fee   Filing Fee   Filing Fee   Filing Fee,
              & Certificate of Status   & Certified Copy   Certified Copy
                                                           & Certificate of
                                                           Status
                                        ADDITIONAL COPY REQUIRED

FROM: _William C. Losch_
Name (Printed or typed)

_25 2ND ST. N #300_
Address

ST. Petersburg, FL 33701
City, State & Zip

_727-409-5940_
Daytime Telephone number

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

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

November 5, 2003

WILLIAM C. LOSCH
25 2ND ST N., #300
ST PETERSBURG, FL 33701

SUBJECT: CYCLOAN CORPORATION
Ref. Number: W03000032652

We have received your document for CYCLOAN CORPORATION and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is <u>not acceptable</u>.

An effective date **may** be added to the Articles of Incorporation **if a 2004 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the original and one copy of 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) 245-6924.

Stacy Prather
Document Specialist Supervisor   Letter Number: 003A00060339
New Filings Section

TRANSMITTAL LETTER

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

SUBJECT: __CYCLOAN FUNDING CORPORATION__
(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   ❏ $78.75   ☒ $87.50
Filing Fee   Filing Fee   Filing Fee   Filing Fee,
                  & Certificate of Status   & Certified Copy   Certified Copy
                                                                    & Certificate of
                                                                    Status
                                              ADDITIONAL COPY REQUIRED

FROM: __WILLiam C. LOSCH__
                    Name (Printed or typed)

__25 2ND ST. N. #300__
                    Address

__ST. PETERSBURG, FL 33701__
                    City, State & Zip

__727 409 5940__
                    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:

CYCLOAN FUNDING CORPORATION

ARTICLE II   PRINCIPAL OFFICE

The principal place of business/mailing address is:

25 2ND ST. SUITE 300 ST. PETERSBURG, FL 33701

ARTICLE III   PURPOSE

The purpose for which the corporation is organized is:

MORTGAGE LENDING AND BROKERAGE

ARTICLE IV   SHARES

The number of shares of stock is: 100

ARTICLE V   INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

WILLIAM C. LOSCH, PRESIDENT & SECRETARY
10355 PARADISE BLVD #10B
TREASURE ISLAND, FL 33706

ARTICLE VI   REGISTERED AGENT

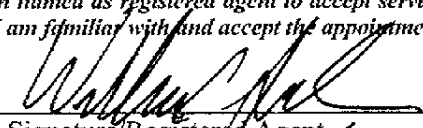The **name and Florida street address** of the registered agent is:

WILLIAM C. LOSCH
25 2ND ST N #300
ST. PETERSBURG, FL 33701

ARTICLE VII   INCORPORATOR

The **name and address** of the Incorporator is:

WILLIAM C. LOSCH
25 2ND ST. N. #300
ST. PETERSBURG FL 33701

****

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

_____   11-5-03

Signature/Registered Agent   Date

_____   11-5-03

Signature/Incorporator   Date