

P07000037698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

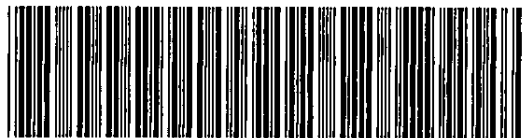
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07 MAR 26 PM 4: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

gf 3/26/07

COVER LETTER

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07 MAR 26 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: BEST HOME LOANS, INC.
(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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: BEST HOME LOANS, INC.
Name (Printed or typed)

8525 BLYMES LANE RD S.E. 1-3

Best Home Loan, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To Whom It May Concern,

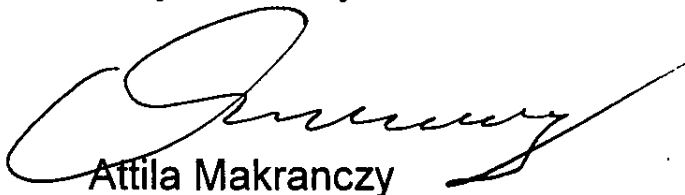
Official request.

Pursuant to a letter dated February 7, 2007, from a Karon Beyer, Bureau of Commercial Recording, the corporation named in this letter-head (Best Home Loan, Inc.), hereby requests the plural of its name (Best Home Loans, Inc.), to be assigned to the same corporation.

The purpose of this request is to protect the absolute identity of the current corporation (Best Home Loan, Inc.) from any predatory attempt by anyone wishing to harm or do damage to the name of said current corporation, by replicating the identical name in plural, with the purpose of confusing the public or taking advantage of the goodwill or excellent reputation of the current corporate entity.

For purposes of identification of the undersigned, a business card is included from the current corporation. Should you require additional documentation, it will be provided without delay, upon request.

Very Sincerely,



Attila Makranczy

BEST HOME LOAN

Attila Makranczy
Branch Manager

8535 Baymeadows Rd. Suite 6-B
Jacksonville, FL 32256
Ph. 904-419-6163 Fax 904-419-4975

Attila@fdn.com www.1besthomeloan.com

8535 Baymeadows Road, Suite 6B
Jacksonville, Florida 32256
Phone (904) 419-6163 • Fax (904) 419-4975
www.1besthomeloan.com



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2007

BEST HOME LOANS INC.
8535 BAYMEADOWS ROAD
SUITE 6-B
JACKSONVILLE, FL 32256

SUBJECT: BEST HOME LOANS, INC.
Ref. Number: W07000005043

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07 MAR 26 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for BEST HOME LOANS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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 not acceptable.

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) 245-6973.

Claretha Golden
Document Specialist
New Filing Section

Letter Number: 107A00007262

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:

Best Home Loans, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

8535 Baymeadows Rd., Suite 6-B
Jacksonville, FL 32256

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

originate Mortgage Loans

ARTICLE IV SHARES

The number of shares of stock is:

5,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Attila Makranczy
153 Shelby's Cove Ct.
Ponte Vedra Beach, FL 32082

ARTICLE VI REGISTERED AGENT

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

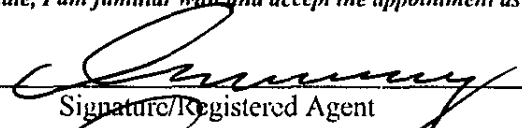
Attila Makranczy
153 Shelby's Cove Ct.
Ponte Vedra Beach, FL 32082

ARTICLE VII INCORPORATOR

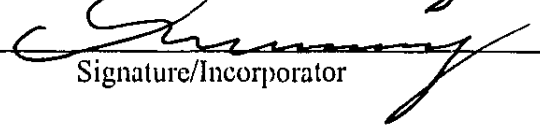
The name and address of the Incorporator is:

Attila Makranczy
153 Shelby's Cove Ct.
Ponte Vedra Beach, FL 32082

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

1-25-07
Date


Signature/Incorporator

1-25-07
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA