

P070000 88798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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FILED
2007 AUG -7 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.S. 8-7

COVER LETTER

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

SUBJECT: Elite Home Mortgage Financing, 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: Chris Brophy

Name (Printed or typed)

213 Martell Court

Address

Jacksonville, Fl. 32259

City, State & Zip

904-217-0625

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:

Elite Home Mortgage Financing, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

213 Martell Court
Jacksonville, Fl. 32259

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Mortgage ~~Banking~~ *Brokering*

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Chris Brophy, Owner/President

ARTICLE VI REGISTERED AGENT

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

Chris Brophy
213 Martell Court
Jacksonville, Fl. 32259

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Chris Brophy
213 Martell Court
Jacksonville, Fl. 32259

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



Signature/Incorporator



Date



Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA