

PD8000078830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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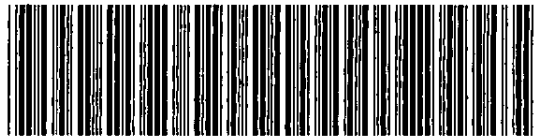
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: SLASH HOME PAYMENT, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

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

**ADDITIONAL COPY REQUIRED**

FROM: ATTILA MAKRANCZY  
Name (Printed or typed)

8535 BAYMEADOWS RD., SUITE 6-B  
Address

JACKSONVILLE, FL 32256  
City, State & Zip

904-419-6163      904-514-9132  
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:

SLASH HOME PAYMENT, INC.

## **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

8535 BAYMEADOWS RD., SUITE 6-B  
JACKSONVILLE, FL 32256

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

FOR PROFIT

## **ARTICLE IV SHARES**

The number of shares of stock is:

100,000

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

ATTILA MAKRANCZY - PRESIDENT  
8535 BAYMEADOWS RD., SUITE 6-B  
JACKSONVILLE, FL 32256

## **ARTICLE VI REGISTERED AGENT**

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

ATTILA MAKRANCZY - 8535 BAYMEADOWS RD., SUITE 6-B, JACKSONVILLE, FL 32256

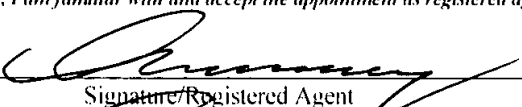
## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

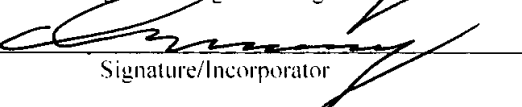
ATTILA MAKRANCZY  
8535 BAYMEADOWS RD., SUITE 6-B  
JACKSONVILLE, FL 32256

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*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

8-20-08  
\_\_\_\_\_  
Date

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

8-20-08  
\_\_\_\_\_  
Date

FILED  
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CLERK OF STATE  
TALLAHASSEE, FLORIDA