# PO900024295

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
<b>(,</b>				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(= ========,				
Ontified Course				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				

Office Use Only



300144922653

03/05/09--01018--009 \*\*70.00

9 WAR 10 PM 2: 28

## **COVER LETTER**

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

SUBJECT: Best Pro	operty Managment, Inc (PROPOSED CORPORA	·	
	(PROPOSED CORPORA		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: <u>B2</u>	B Credit Name	(Printed or typed)	
	PO BOX 460485	Address	
	Aurora CO 80046 City	, State & Zip	
	303 717 6125 Daytime	Telephone number	

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



March 6, 2009

B2B CREDIT PO BOX 460485 AURORA, CO 80046

SUBJECT: BEST PROPERTY MANAGEMENT, INC.

Ref. Number: W09000010746

We have received your document for BEST PROPERTY MANAGEMENT, 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 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 corrected 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) 245-6052.

Paisley A Alford Clerk New Filing Section

Letter Number: 809A00007838

# **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: JB's Home Preservation, Inc

#### ARTICLE II PRINCIPAL OFFICE

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

John Bowland 2627 Janaica St Sarasota, FL 34231

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Property Managment

#### 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):

John Bowland 2627 Janaica St Sarasota, FL 34231

#### ARTICLE VI REGISTERED AGENT

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

John Bowland 2627 Janaica St Sarasota, FL 34231

#### ARTICLE VII INCORPORATOR

The <u>name</u> and address of the Incorporator is:

John Bowland 2627 Janaica St Sarasota, FL 34231

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

3/12/09

Date

Date