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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 OCT - 1 AM 10:09

PS 10/2/14

## COVER LETTER

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

SUBJECT: **Best Capital Management Corp.**

(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: **Lori Weber**

Name (Printed or typed)

**3201 Lake Saxon Dr**

Address

**Land O Lakes Florida 34639**

City, State & Zip

**813-433-7185**

Daytime Telephone number

**ljweber@tampabay.rr.com**

E-mail address: (to be used for future annual report notification)

**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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: **Best Capital Management Corp**

12 OCT -1 AM 10:09

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3201 Lake Saxon dr  
Land O Lakes Florida 34639

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Advertising, Marketing, Management

**ARTICLE IV SHARES**

The number of shares of stock is: 100,000

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

Name and Title: <u>Lori J Weber CHIEF OPERATING OFFICER</u>	Name and Title: _____
Address: <u>3201 Lake Saxon Dr</u>	Address: _____
<u>Land O Lakes FL 34639</u>	_____

Name and Title: <u>William J Weber CHIEF FINACIAL OFFICER</u>	Name and Title: _____
Address: <u>205 Antique Lace Way</u>	Address: _____
<u>Holly Springs NC 27540</u>	_____

Name and Title: <u>Matthew J Weber VICE PRESIDENT</u>	Name and Title: _____
Address: <u>3201 Lake Saxon Dr</u>	Address: _____
<u>Land O Lakes FL 34639</u>	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: Lori J Weber  
Address: 3201 Lake Saxon Dr  
Land O Lakes FL 34639

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lori J Weber  
Address: 3201 Lake Saxon Dr  
Land O Lakes FL 34639

*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*

Lori J Weber  
Required Signature/Registered Agent

09/27/2012

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Lori J Weber  
Required Signature/Incorporator

09/27/2012

Date