

P13000082917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

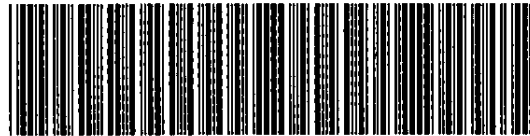
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/08/13--01020--001 **87.50

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13 OCT -8 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
10/9/13

COVER LETTER

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

SUBJECT: A Better Way Mortgage, 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

✓
H 9482
1257

FROM: Barbara E Dallas

Name (Printed or typed)

653 W 23rd St U-152

Address

Panama City, Florida 32405

City, State & Zip

850-522-4007

Daytime Telephone number

barbara.dallas@abetterwaymtg.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)

ARTICLE I NAME

The name of the corporation shall be: A Better Way Mortgage, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

653 W 23rd St

Unit 152

Panama City, FL 32405

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business for a Professional Corporation.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Barbara E Dallas PST

Name and Title: _____

Address 653 W 23rd St

Address: _____

Unit 152

Panama City, FL 32405

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Barbara E Dallas
Address: 653 W 23rd St Unit 152
Panama City, FL 32405

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Barbara E Dallas
Address: 653 W 23rd St Unit 152
Panama City, FL 32405

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

Barbara E. Dallas

Required Signature/Registered Agent

10-07-2013

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.

Barbara E. Dallas

Required Signature/Incorporator

10-07-2013

Date