## TRUSTIA LEJEZ 847

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

SUBJECT: BEST HOL	TE LOAN TNC.  ate name - must include suffix)
	500002482565 -04/08/9801058023 *****70.00 *****70.00
Enclosed is an original and one(1) copy of the articles	of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate	□\$122.50 □ \$131.25 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate
	ADDITIONAL COPY REQUIRED
FROM: ATTLA I	THERAPCZY rinted or typed)
1205 ZZ	D. ST. W.
JACUSONUI City,	State & Zip
904-50 Daytime T	54-4300 ITALIAN 98 APR -8 969-7209
Licensed Mortgage, Juc.  4540 Southside Blvd., #701  Jacksonville, Florida 32216	769-7209 ASSEE FLORID
Loan Officer	riginal and one copy of the articles.

B. BROCK APR

9 1998

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.						
ARTICLE I The name of the co	NAME orporation sha	ıll be:		-	-	

BEST	Hone	LOAN,	INC.
-	• •		

ARTICLE II	PRINCIPAL	<b>OFFICE</b>
	T 7/174 CTT 777	~

The principal place of business and mailing address of this corporation shall be:

1205	22-20.	ST.	<i>ر</i> ٢٠٠٠			
TACUS:	SHAPES	BEA	CH,	FL	55	250

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

5,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

1205 ZZ-ND. ST. N. IACKSONYTHE BEACH FL 322

The name and address of the incorporator to these Articles of Incorporation are:

ATTILA MAKRANCLY
1205 22-ND. ST. N.

JACUSONUL BEACH, FL 32250

White Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Data