

F12000004211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300240793833

10/15/12--01035--010 **87.50

FILED
12 OCT 15 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PROFESSIONAL COLLISION SERVICES INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

WILLIAM F. ELMORE SR.

Name of Person

PROFESSIONAL COLLISION SERVICES INC.

Firm/Company

3222 SPRINGHILL AVE

Address

MOBILE, AL. 36607

City/State and Zip code

delmore@professional-collision.com

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

For further information concerning this matter, please call:

WILLIAM ELMORE SR

Name of Person

at (251) 379-4321

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

\$70.00 Filing Fee

\$78.75 Filing Fee &
Certificate of Status

\$78.75 Filing Fee &
Certified Copy

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

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. PROFESSIONAL COLLISION SERVICES INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. ALABAMA 3. 63 10833131
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. DECEMBER 31, 1992 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3222 SPRINGHILL AVE MOBILE AL. 36607
(Principal office address)

3222 SPRINGHILL AVE MOBILE AL 36607
(Current mailing address)

8. AUTO COLLISION REPAIR
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

FILED
12 OCT 15 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Agents and Corporations, Inc.

Office Address: 300 Fifth Avenue South Ste. 101-330

Naples, Florida 34102
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Handwritten signature]

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: WILLIAM F. ELMORE SR.

Address: 4000 DAWSON DR
MOBILE AL 36619

Vice President: DONALD B. ELMORE

Address: 2700 ST. ANDREWS PLACE
MOBILE AL 36693

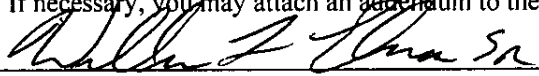
Secretary: WILLIAM F. ELMORE JR

Address: 2964 RIVERVIEW PT. S THEODORE AL 36582

Treasurer: LINDA ELMORE

Address: 4000 DAWSON DR MOBILE AL 36619

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. WILLIAM F. ELMORE SR
(Typed or printed name and capacity of person signing application)

FILED
12 OCT 15 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Beth Chapman
Secretary of State

P. O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Professional Collision Services, Inc. was formed in Mobile County, Alabama on December 31, 1992. The Alabama Entity Identification number for this entity is 153-815. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

FILED
12 OCT 15 PM 3:02
SECRETARY OF STATE
MONTGOMERY, ALABAMA



20120911000008120

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

9/11/2012

Date

Beth Chapman

Beth Chapman

Secretary of State