

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAW OFFICE OF LARRY WANG, LLC
Account Number : I20130000086
Phone : (904)217-4514
Fax Number : (866)230-6060

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: inclusion@msn.com

FLORIDA PROFIT/NON PROFIT CORPORATION

North East florida Collision Association, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED
2018 FEB 23 PM 12:57

FEB 23 2018

FILED
2018 FEB 23 AM 9:10
TALLAHASSEE, FLORIDA

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME
The name of the corporation shall be: North East Florida Collision Association, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address:	Mailing address, if different is:
<u>5859 Wending Drive</u>	
<u>Jacksonville, FL 32244</u>	

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Association of collision workers to perform activities to benefit workers in collision industry. To provide services to collision companies to include any and all other activities that are legal in the State of Florida.

ARTICLE IV MANNER OF ELECTION Directors shall be
The manner in which the directors are elected and appointed:
appointed by existing board of directors

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Stephen Carey - President</u>	Name and Title:	<u>John Sikes - Vice President</u>
Address	<u>5859 Wending Drive</u>	Address:	<u>625 W. Monroe Street</u>
	<u>Jacksonville, FL 32244</u>		<u>Jacksonville, FL 32202</u>
Name and Title:	<u>Warren Baggett - Treasurer</u>	Name and Title:	
Address	<u>11303-1 Branan Road</u>	Address:	
	<u>Jacksonville, FL 32222</u>		
Name and Title:		Name and Title:	
Address		Address:	

FILED
2018 FEB 23 AM 9:04
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

_____ Address		_____ Address:	
_____ 		_____ 	
_____ 		_____ 	
_____ Name and Title:		_____ Name and Title:	
_____ Address		_____ Address:	
_____ 		_____ 	
_____ 		_____ 	

ARTICLE VI REGISTERED AGENT

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

Name: Stephen Carey
5859 Wending Drive
Address: Jacksonville, FL 32244

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

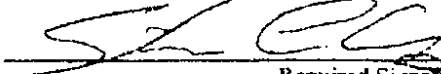
Name: Stephen Carey
5859 Wending Drive
Address: Jacksonville, FL 32244

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 _____ Required Signature of Registered Agent	<u>2-23-18</u> _____ Date
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I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

 _____ Required Signature of Incorporator	<u>2-23-18</u> _____ Date
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