P96000003464

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

NAME _____
FIRM _____
ADDRESS _____
_____
_____
PHONE ( ) _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee $ _____ Our $ _____

FILED
95 JUL -1 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AL JUL - 1 1996

REQUEST TAKEN CONFIRMED APPROVED

DATE 7/1
TIME 9:00
BY

CK No. _____

WALK-IN
Will Pick Up _____ _____

11-2276-7 FORDERS INC., THOMASVILLE, GA.

RE: Florida Accident Assistance Co
Program Inc

№ 52504

	C.C. FEE.	DISBURSED
✓ Capital Express℠		
Art. of Inc. File		
Corp. Record Search		
Ltd. Partnership File		
Foreign Corp. File		
( ) Cert. Copy(s) Photo		
Art. of Amend. File		
Dissolution/Withdrawal		
C U S-		
Fictitious Name File	700081880127 -07/01/96--01024--018	
Name Reservation	***** 70.00	***** 70.00
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s. Copies		
Courier Service		
Shipping/Handling		
Phone ( )		
Top Priority		
Express Mail Prep.		
FAX ( ) pgs.		
SUBTOTALS		

FEE	$ 70.00
DISBURSED	$ 70.00
SURCHARGE	$
TAX on corporate supplies	$
SUBTOTAL	$
PREPAID	$ 70.00
BALANCE DUE	$
	$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

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TRANSMITTAL LETTER

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

SUBJECT: Florida Accident Assistance Program, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

- ☑ $70.00 Filing Fee
- ☐ $78.75 Filing Fee & Certificate
- ☐ $122.50 Filing Fee & Certified Copy
- ☐ $131.25 Filing Fee, Certified Copy & Certificate

FROM: DAVID J. KAPPER, ESQ.
Name (Printed or typed)

1700 E. Las Olas Blvd, Suite 100
Address

Ft. Lauderdale Florida 33301
City, State & Zip

(954) 463-0368
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

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FLORIDA

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I
Name

The name of the corporation shall be:

Florida Accident Assistance Program, Inc.

ARTICLE II
Principal place of business and mailing address

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

1700 East Las Olas Blvd., Suite 100
Ft. Lauderdale, FL 33301

ARTICLE III
Purpose(s)

The specific purpose(s) for which the corporation is organized is(are):

To assist subjects in motor vehicle Accidents in obtaining desired services. (ie. Towing, repair, rental car, etc...)

ARTICLE IV
Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

Directors are elected or appointed as per by-laws.

ARTICLE V
Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited are as follows:

ARTICLE VI
Initial registered agent and street address

The name and the street address of the initial registered agent is:

DAVID J. KAPPER, ESQ.
1700 E. LAS OLAS Blvd., Ste 100
Ft. Lauderdale, FL 33301

ARTICLE VII
Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

DAVID J. KAPPER
1700 E. LAS OLAS Blvd, Ste 100
Ft. Lauderdale, FL 33301

[ATTORNEY FOR THE CORPORATION]

The undersigned incorporator has executed these Articles of Incorporation this 28 day of June, 1996.

Signature of Incorporator:

DAVID J. KAPPER

Typed name of incorporator signing

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TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

Florida Accident Assistance Program, Inc.
(must include suffix)

2. The name and address of the registered agent and office is:

David J. Kapper, Esq.
(NAME)

1700 E. Las Olas Blvd., Suite 103
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

Ft. Lauderdale, FL 33301
(CITY/STATE/ZIP)

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)

6/28/96
(DATE)