

PD8000041795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

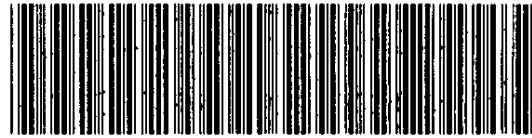
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08 JUN 16 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N.C.

• Certified

JUN 18 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Auto Warranty Specialists Inc.

DOCUMENT NUMBER: P08000041795 / EIN 26-2476489

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARC A. ZIMMERMAN
(Name of Contact Person)

AUTO WARRANTY SPECIALISTS INC
(Firm/ Company)

20725 NE 16TH AVE STE A 22
(Address)

MIAMI FL 33179
(City/ State and Zip Code)

For further information concerning this matter, please call:

MARC A ZIMMERMAN at (786) 333 0880
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☒ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

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

Street Address

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

Best Care Warranty, Inc.

6-13-2008

Re: Corporate Name Change Auto Warranty Specialists, Inc.

To Whom It May Concern:

This letter is my formal request to change the name of a newly formed corporation Auto Warranty Specialist, Inc. EIN 26-2476489 to BEST CARE WARRANTY, INC please send me a copy of the certificate to my office at 20725 NE 16th Ave Ste A22 Miami FL 33179.

In advance thank you for your assistance regarding my request. If you have any questions regarding my request please feel free to contact me at 786-323-0888.

Thank you,



Marc A. Zimmerman
President

Articles of Amendment
to
Articles of Incorporation
of

AUTO WARRANTY SERVICES INC.

(Name of corporation as currently filed with the Florida Dept. of State)

P08000041795

(Document number of corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

BEST CARE WARRANTY INC

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: 6/13/2008

Effective date if applicable: IMMEDIATELY
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____."
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature Marc A Zimmerman PRES.
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MARC A ZIMMERMAN
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILING FEE: \$35

**Electronic Articles of Incorporation
For**

P08000041795
FILED
April 25, 2008
Sec. Of State
tburch

AUTO WARRANTY SERVICES INC

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

AUTO WARRANTY SERVICES INC

Article II

The principal place of business address:

20725 NE 16TH AVE
A 22
MIAMI, FL. 33179

The mailing address of the corporation is:

20725 NE 16TH AVE
A 22
MIAMI, FL. 33179

Article III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is:

100

Article V

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

MARC A ZIMMERMAN
20725 NE 16TH AVE
A 22
MIAMI, FL. 33179

I certify that I am familiar with and accept the responsibilities of registered agent.

P08000041795
FILED
April 25, 2008
Sec. Of State
tburch

Registered Agent Signature: MARC A. ZIMMERMAN

Article VI

The name and address of the incorporator is:

MARC A. ZIMMERMAN
20725 NE 16TH AVE
A 22
MIAMI FL 33179

Incorporator Signature: MARC A ZIMMERMAN

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: PRES
MARC A ZIMMERMAN
20725 NE 16TH AVE STE A22
MIAMI, FL. 33179

Article VIII

The effective date for this corporation shall be:

04/24/2008



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 04-24-2008

Employer Identification Number:
26-2476489

Form: SS-4

Number of this notice: CP 575 A

AUTO WARRANTY SPECIALISTS INC
AUTO WARRANTY SPECIALISTS
% MARC ZIMMERMAN
20725 NE 16TH AVE STE A 22
MIAMI, FL 33179

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 26-2476489. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	07/31/2008
Form 940	01/31/2009
Form 1120	03/15/2009

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2008

BEST CARE WARRANTY
20725 NE 16TH AVE. STE A22
MIAMI, FL 33179

Subject: **BEST CARE WARRANTY**

REGISTRATION NUMBER: **G08158900218**

This will acknowledge the filing of the above fictitious name registration which was registered on June 6, 2008. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Fictitious Name Section
Division of Corporations

Letter No. 108A00035342