

P11000042380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

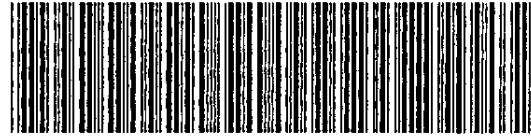
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. BURCH MAIL 2/20/11

COVER LETTER

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

SUBJECT: Automotive Warranty Consulting Group Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Forrest E. Lind

Name (Printed or typed)

2404 Atlantic Blvd

Address

Jacksonville Florida 32207

City, State & Zip

904-718-3829

Daytime Telephone number

scottl@honestautoestimates.com

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

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Automotive Warranty Consulting Group Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2404 Atlantic Blvd
Jacksonville FL 32207

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting and advising warranty claims procedures as submitted by a repair shop to insure proper payment is received.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Forrest E. Lind Sr. President
Address: 571 Hopkins St
Neptune Beach FL 32266

Name and Title: _____
Address: _____

Name and Title: Forrest E. Lind III Vice-President
Address: 571 Hopkins St
Neptune Beach FL 32266

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Forrest E. Lind Sr
Address: 571 Hopkins St
Neptune Beach FL 32266

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Forrest E. Lind Sr
Address: 571 Hopkins St
Neptune Beach FL 32266

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/Registered Agent

4-27-2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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/Incorporator

4-27-2011

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA