

P/SUWO 91147

(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



400278223094

11/02/15--01021--008 **87.50

FILED
15 NOV -2 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV -6 2015
S. GILBERT

COVER LETTER

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

SUBJECT: ACCIDENT HELP FOR LESS, 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: BERNARD BUTTS

Name (Printed or typed)

2850 EMATHLA STREET

Address

MIAMI, FLORIDA 33133

City, State & Zip

786 801 7548

Daytime Telephone number

bbutts2007@aol.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: ACCIDENT HELP FOR LESS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2850 EMATHLA STREET
MIAMI, FLOIRDA 33133

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE ACCIDENT VISTIMS INFORMATION
REGARDING BENEFITS AVAILABLE TO THEM

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BERNARD BUTTS

Name and Title: PRESIDENT

Address 2850 EMATHLA STREET
MIAMI, FLORIDA 33133

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

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: BERNARD BUTTS
Address: 20850 EMATHLA STREET
MIAMI, FLORIDA 33133

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: BERNARD BUTTS
Address: 2950 EMATHLA STREET
MIAMI, FLORIDA 33133

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 business days prior or 90 business 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/Registered Agent
10/29/15
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
10/29/15
Date