

P16000057028

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : WILSON TAX & ACCOUNTING INC.
Account Number : I20150000107
Phone : (941) 625-1925
Fax Number : (941) 625-1526

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

Email Address: Lindsay@taxsaversfl.net

RECEIVED

16 JUL 11 PM 4:21

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

FLORIDA PROFIT/NON PROFIT CORPORATION

Auto Injury Specialists of SW Florida Inc

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

07/12/16

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SECRETARY OF STATE
OFFICE OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

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: Auto Injury Specialists of SW Florida Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

6900 Daniels Pkwy Ste 29-173

Fort Myers, FL 33912

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alan Gruning, President

Address: 6900 Daniels Pkwy Ste 29-173

Fort Myers, FL 33912

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF THE COURT
JUL 11 2016

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: Alan Gruning
Address: 6900 Daniels Pkwy Ste 29-173
Fort Myers, FL 33912

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alan Gruning
Address: 6900 Daniels Pkwy Ste 29-173
Fort Myers, FL 33912

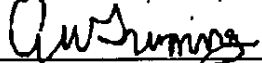
ARTICLE VIII EFFECTIVE DATE:

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

7/5/16

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

7/5/16

Date

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SECRETARY OF STATE
JUL 11 2016