

**PI 9000029750**

TX Result Report

P 1

04/03/2019 14:49

Serial No. 8A6T011003486

TC: 7767

Addressee	Start Time	Time	Prints	Result	Note
6176176381	04-03 14:48	00:00:39	003/003	OK	

Note

TXM:Timer TX. POL:Polling. ORG:Original Size Setting. FME:Frame Error TX.  
 DPE:Page Separation TX. MIX:Mixed Original TX. CALL:Manual TX. CSAC:Card  
 Two Forward. PC:PC-FAX. BND:Double-Sided Binding Direction. SD:Special Original.  
 ECODE:EC-code. RX:RX-TX. R:Receiving. M:Confidential. M:Multicast. R:RIP Fax.  
 IPADR:IP Address Fax. I-FAX:Internet Fax

Result

OK: Communication OK. S-OK: Stop Communication. PO-OFF: Power Switch OFF.  
 TEL: RX from TEL. NG: Other Error. Cont: Continue. No Ans: No Answer.  
 Busy: Receipt Refused. Busy: Busy. N-Full:Memory Full. LOU:Receiving length over.  
 PWR:Receiving page over. FLE:File Error. DC:Decode Error. MDN:MDN Response Error.  
 DSM:DSM Response Error. PRINT:Compulsory Memory Document Print.  
 DEL:Compulsory Memory Document Delete. SEND:Compulsory Memory Document Send.

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
 Account Number : 075350000353  
 Phone : (800)221-2972  
 Fax Number : (888)692-9256

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

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
 NEXT AUTO PROTECTION INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

FILED  
 19 APR 4 PM 3:19  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**FILED**

**19 APR -4 PM 3:19**

**ARTICLES OF INCORPORATION**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: NEXT AUTOPROTECTION INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

100 EAST LINTON BLVD, SUITE 500 B

100 EAST LINTON BLVD, SUITE 500 B

DELRAY BEACH, FL 33483

DELRAY BEACH, FL 33483

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: AUTO WARRANTY SALES

**ARTICLE IV SHARES**

The number of shares of stock is: 200

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: SYNDICATE GROUP INC - DIRECTOR

Name and Title: \_\_\_\_\_

Address 100 EAST LINTON BLVD, SUITE 500 B

Address: \_\_\_\_\_

DELRAY BEACH, FL 33483

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

FILED

19 APR -4 PM 3:19

Name and Title: \_\_\_\_\_ Name and Title: SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Dennis P. Lavin II  
Address: 100 EAST LINTON BLVD, SUITE 500 B  
DELRAY BEACH, FL 33483

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Ana Maisonave  
Address: 16 Court St  
Brooklyn, NY 11241


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 days prior or 90 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

04/02/2019

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

04/02/2019

Date