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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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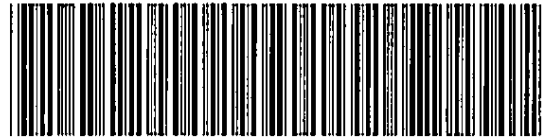
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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OCT 1 2020

# WILLIAMS MULLEN

Direct Dial: 757.282.5065  
sgay@williamsmullen.com

September 21, 2020

File No.: 676214.0000

**VIA FEDERAL EXPRESS**

Florida Department of State  
New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Re: Articles of Incorporation – Carefree Automotive, Inc.**

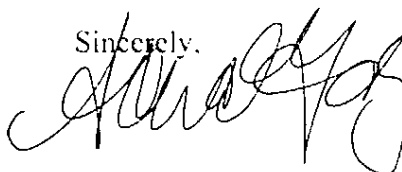
Dear Sir or Madam:

Please file the enclosed Articles of Incorporation on behalf of **Carefree Automotive, Inc.** and return a certified copy. I enclose our firm's check in the amount of \$78.75 for the filing and certified copy fees and a copy of the Articles of Incorporation.

Please return the acknowledgement of the filing to my attention as soon as possible.

Should you have questions regarding this matter, please contact me directly at (757) 282-5065. Thank you.

Sincerely,



Sarah D. Gay  
Corporate Paralegal

Enclosures

## COVER LETTER

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

SUBJECT: Carefree Automotive, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Sarah Gay, Corporate Paralegal

Name (Printed or typed)

c/o Williams Mullen, 222 Central Park Avenue, Suite 1700

Address

Virginia Beach, VA 23462

City, State & Zip

(757) 282-5065

Daytime Telephone number

jmellon@theprovidencegrp.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: Carefree Automotive, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
196 Haven Beach Drive South

Indian Rocks Beach, FL 33785

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The purpose of the Corporation is to market and sell motor vehicle  
repair warranties and related products, directly or through others and any other lawful business approved by the Directors  
of the Corporation. Notwithstanding anything herein to the contrary, nothing set forth herein shall be construed as authorizing  
the Corporation to possess any purpose or power, or to do any act or thing, forbidden by law to a corporation organized under  
the laws of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 5,000 no par value common shares authorized: 2,500 voting and 2,500 non-voting

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

Name and Title: Jack R. Mellon, Director

Address: 196 Haven Beach Drive South  
Indian Rocks Beach, FL 33785

Name and Title: William R. Shepherd, Jr., Director

Address: 196 Haven Beach Drive South  
Indian Rocks Beach, FL 33785

Name and Title: William C. Stoeckeler, Jr.

Address: 196 Haven Beach Drive South  
Indian Rocks Beach, FL 33785

Name and Title: Jack R. Mellon, III

Address: 196 Haven Beach Drive South  
Indian Rocks Beach, FL 33785

Name and Title: William M. Campbell, IV

Address: 196 Haven Beach Drive South  
Indian Rocks Beach, FL 33785

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Capitol Corporate Services, Inc.  
Address: 515 East Park Avenue, 2nd Floor  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Stephen W. Burke, Esquire  
Address: 222 Central Park Avenue, Suite 1700  
Virginia Beach, VA 23462

**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*

Geneva Harrison Geneva Harrison, Asst. Secretary on 09-21-2020  
behalf of Capitol Corporate Services, Inc. Date  
Required Signature/Registered Agent

*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.*

Stephen W. Burke 9/21/2020  
Required Signature/Incorporator Date