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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION

Knight Automotive Protection Inc

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

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: Knight Auto Protection Inc

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

9835 Lake Worth Road
Suite 16-173
Lake Worth, FL 33467

Mailing address, if different is:

9835 Lake Worth Road
Suite 16-173
Lake Worth, FL 33467

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Automotive Warranty Sales

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shawn Higgins - Director

Address: 9835 Lake Worth Road
Suite 16-173
Lake Worth, FL 33467

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

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: Shawn Higgins

Address: 9835 Lake Worth Road, Suite 16-173

Lake Worth, FL 33467

ARTICLE VII INCORPORATOR

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

Name: Shawn Higgins

Address: 9835 Lake Worth Road, Suite 16-173

Lake Worth, FL 33467

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

_____ 11-18-22

Required Signature/Registered Agent 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.