

P24000008530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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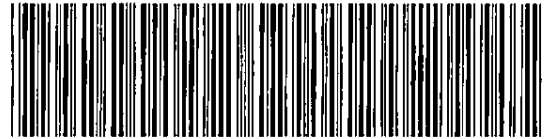
(Business Entity Name)

(Document Number)

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JANUARY 1, 2024

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**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** BROOK 2/1

**CERTIFIED COPY**

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**INC**

1. **AUTO PROTECT WARRANTY COMPANY, INC.**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

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

SUBJECT: Auto Protect Warranty Company, 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: T.N. Murphy, Jr., Esq.  
Name (Printed or typed)

4800 N. Federal Hwy., Ste. E-100  
Address

Boca Raton, FL 33431  
City, State & Zip

561-391-1900  
Daytime Telephone number

chriskraft@kraftnissan.com  
E-mail address: (to be used for future annual report notification)  
and peterkraft@kraftnissan.com

**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: Auto Protect Warranty Company, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3277 Mahan Drive  
Tallahassee, FL 32308

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Automobile warranty and  
other lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 200

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

Name and Title: Peter D. Kraft, President Name and Title: \_\_\_\_\_

Address 24624 Harbour View Dr Address: \_\_\_\_\_  
Ponte Vedra Bch, FL  
32082

Name and Title: Christopher L Kraft Name and Title: \_\_\_\_\_

Address VP, Sec, Treasurer Address: \_\_\_\_\_  
215 West College Ave.  
Unit #1002  
Tallahassee, FL 32301

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: T.N. Murphy, Jr.  
Address: 4800 N. Federal Hwy, Ste E-100  
Boca Raton, FL 33431

**ARTICLE VII INCORPORATOR**

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

Name: T.N. Murphy, Jr. Esq.  
Address: 4800 N Federal Hwy, Ste E-100  
Boca Raton, FL 33431

**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 2/1/24  
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 2/1/24  
Date

2024 - - - - - 11:36