

P04000061531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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4/13/04



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FILED
2004 APR -9 A 11: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/09/04 -01015--012 **236.25

RECEIVED
04 APR -9 AM 11: 04
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

EXPRESS CORPORATE FILING SERVICE INC.
Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101
Address

CORAL GABLES, FL 33134 (305) 444-4994
City/State/Zip Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Atlantis Towing & Recovery, Inc
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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:
ATLANTIS TOWING & RECOVERY, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
11255 SW 55 STREET
LOTE E21 BOX 62
MIRAMAR, FL 33025

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 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
MARIO TORRES (P/D)
11255 SW 55 STREET
LOTE E21 BOX 62
MIRAMAR, FL 33025

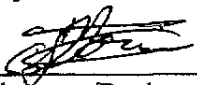
ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
MARIO TORRES
11255 SW 55 STREET
LOTE E21 BOX 62
MIRAMAR, FL 33025

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
MARIO TORRES
11255 SW 55 STREET
LOTE E21 BOX 62
MIRAMAR, FL 33025


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



Signature/Registered Agent

04-08-2004

Date



Signature/Incorporator

04-08-2004

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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