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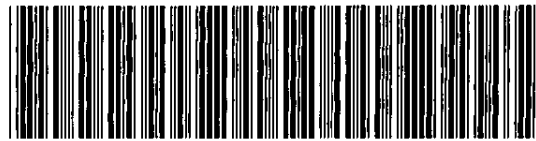
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: LEON TOWING SERVICES, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Ligia M. Cuadra
Name (Printed or typed)

1418 W. Flagler Street

Address

Miami, FL 33135

City, State & Zip

(305) 631-0609

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

1. The name of the Corporation shall be: **LEON TOWING SERVICES, INC.**
2. The principal place of business: **8105 NW 33rd Street, Miami, FL**
mailing address of the corporation is: **3060 NW 95th Terrace, Miami, FL 33135**
3. The corporation shall have the authority to issue: **10.00 (TEN) shares of stock \$100.00 each shares.**
4. The registered agent of the Corporation is: **Ligia M. Cuadra** and the
Registered street address is: **1418 W. Flagler Street, Miami, FL 33135**
5. The initial Board of Directors, shall have (3) members (s) whose name (s)
and address (es) is/are as follows:

JUAN RIOS
3060 NW 95th Terrace
Miami, FL 33147

PRESIDENT
TREASURER
SECRETARY

BERNARDA RIOS
3060 NW 95th Terrace
Miami, FL 33147

DIRECTOR
VICE PRESIDENT

The number of Director may be raised or lowered by amendment of the bylaws
of the corporation but shall in no case be less than one.

6. The incorporator of this Corporation is: **JUAN RIOS**
Whose street address is: **3060 NW 95th Terrace**
Miami, FL 33147

Dated: 04/08/2008



Incorporator

Having been named as registered agent and to accept services of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dated: 04/28/2008



Registered Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 MAY -1 PM 3:49

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