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COVER LETTER

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

 $\overline{SUBJECT}$: Absolute Towing and Recovery, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: □ \$87.50 □ \$70.00 □ \$78.75 Filing Fee Filing Fee Filing Fee. Filing Fee Certified Copy & Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Laura L Jones Name (Printed or typed) PO Box 217 Address Bunnell, FI 32110-0217 City, State & Zip 386 852 0707 Daytime Telephone number joe@absoluterecoveryfl.com E-mail address: (to be used for future annual report notification)

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

Absolute Towing and Recovery, Inc. P O Box 217 1209-B N State St Bunnell, FI 32110 386 931 0615 joe@absoluterecoveryfl.com

Florida Department of State **Division of Corporations** Clifton Building 2661 Executive Center Cir Tallahassee, Fl 32301

Document Number P10000036482

Please be advised that this letter is to advise that we do not intend to renew the corporation under Document Number P10000036482

Should there be any questions, please contact either Laura L Jones 386 852 0707 or Joseph A. Raimondo 386 931 0615.

Thank you

Joseph A. Raimondo

President

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporati	on shall be: Absolute Towing and Reco	overy, li	nc.		
					· · - ·
ARTICLE II PRINCIPAL OFFICE Principal street address			Mailing add	lress, if different i	S:
1209 N State St	The par server address	_	O Bos 217		···
Bunnell FI 32110		8	unnell, Fl 32110-0217		
		_		<u>.</u>	
ARTICLE III PURPO The purpose for which the	ISE of the corporation is organized is: Any Lawful	l Busine	ess		
				,	
				F. 2 6	
					<u> </u>
				2-12 G	5 -
<u> ARTICLE IV SHARE</u>	<u></u>			20 N	
The number of shares of s	stock is: 100			22	
	I. OFFICERS AND/OR DIRECTORS				
Name and Title	Joseph A. Raimondo, President	Name a	nd Title:	· N	
	1209 N State St	Addres		C.	
Address		Naures	s		
	Bunnell, Fl 32110				
		•	_	<u>-</u>	
Name and Title:		Name a	nd Title:		
Address		_ Addres	s:		
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		-			
Name and Title:		Name a	and litte:		
Address		Addres	s:		
		-			
		_			

Name and Title:		Name and Title:
Address		_ Address:
	<u>:GISTERED AGENT</u> ida street address (P.O. Box NOT acceptable) o	f the registered agent is:
 -	Laura L Jones	
	1209 N State St	-
•		
_	Bunnell, FI 32110	_
<u>ARTICLE VII IN</u>	CORPORATOR	
The name and addr	ress of the Incorporator is:	
Name:	Joseph A Raimondo	_
Address:	PO Box 217	
	Bunnell, FL 32110-0217	
		_
ARTICLE VIII E	FFECTIVE DATE:	(ADTI(ANIAL)
Effective date, if off (If an effective date	e is listed, the date of filing:e is listed, the date must be specific and came	. (OPTIONAL) of be more than five days prior or 90 days after the
filing.)		
Note: If the date in the document's effe	serted in this block does not meet the applicable etive date on the Department of State's records.	e statutory filing requirements, this date will not be fisted as
Harding been manned	t as registered agent to accept service of process j	for the above stated corporation at the place designated in this
certificate, I am for	ailiar with and accept the appointment as registe.	red agent and agree to act in this capacity
		10/31/2019
	Required Signature/Registered Agent	Date
I submit this docum document to the Dep	nent and affirm that the facts stated herein are partment of State constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
Jacob.	Atan 1	10/31/2019
Required Signature	Ancorporator	Date
(