PODDOM DE FILED

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SLORETARY OF STATE TALLAHASSEE, FLORIDA

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

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SUBJECT:	171. NECOVERY TRANSPORT INC.				
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed is an origin	al and one(1) copy of the article	s of incorporation and a	check for:		
\$70.00	□ \$78.75	□ \$78.75	□ \$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
rimig rec	& Certificate of Status	& Certified Copy	Certified Copy		
	& Certificate of Status	& Certified Copy	& Certificate of		
			Status		
		ADDITIONAL CO	1		
		ADDITIONALCO	1 1 KEQUIKED		
FROM:	AllAN S	TONES	•		
	Name (Printed or typed)				
	5825 ORANGE LOAD				
	Address				
WEST PAIN BCH FC 33413					
561-616-0009 /216-846					
	Daytime Telephone number				

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

articles.

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be:	FILED
A1. RECOVERY + TRANSPORT INC	00 NOV 30 PM 1:02 S COROMETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
5825 ORANGE ROAD	
W.P. B. FC 33413	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
TOWING SERVICE	
ARTICLE IV SHARES The number of shares of stock is:	
100	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es):	·
ALLAN S JONES PRES	
5825 OKANGE ROAD	
W.P. B. Fl. 33413	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	
ALLAN S JONES	
5825 OKANGE ROAD	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
AllAN S TONES	
5825 OLANGE ROAD W.P.B. Fl. 33413	
**************************************	**************************************
certificate, I am familiar with and accept the appointment as registered agent and agree to act	in this capacity
allar of fear	11-27-2000
Signature/Registered Agent	Date

Signature/Incorporator