

PO300024432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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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: South Florida Towing Associations 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
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: Michael Mucha
Name (Printed or typed)

4971 SW 34 Place
Address

Davie, Fl. 33314
City, State & Zip

(954) 584-0039
Daytime Telephone number

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:

Bob's Towing and Recovery Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4971 SW 34 Place
Davie, Fl. 33314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation may enguage in or transact any or all lawful activities or business permitted under the laws of the United States, the state of Florida, or any other state, country, territory or nation.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares of \$1.00 par value common stock

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Mucha, Michael (P)
4971 SW 34 Place
Davie, Fl. 33314

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Mucha, Michael
4971 SW 34 Place
Davie, Fl. 33314

ARTICLE VII INCORPORATOR

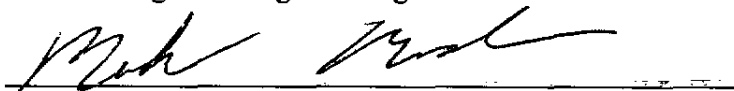
The name and address of the Incorporator is:

Mucha, Michael
4971 SW 34 Place
Davie, Fl. 33314

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

2-24-03
Date


Signature/Incorporator

2-24-03
Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA