## P03000077562

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|-------------------------|-------------------|-----------|
| . (Re                   | equestor's Name)  |           |
| (Ac                     | ldress)           |           |
| (Ad                     | dress)            |           |
| (Cit                    | y/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT            | MAIL      |
| (Bu                     | siness Entity Nan | ne)       |
| (Do                     | cument Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
|                         |                   |           |
|                         |                   |           |
|                         |                   |           |
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SECRETARY OF STATE

17/6/

## TRANSMITTAL LETTER

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

| SUBJECT:                                   | Custom Towing                     | of Recovery                | Inc.             |  |  |
|--------------------------------------------|-----------------------------------|----------------------------|------------------|--|--|
|                                            | (PROPOSED CORPORA                 | TE NAME – <u>MUST INCL</u> | UDE SUFFIXO      |  |  |
|                                            |                                   |                            |                  |  |  |
|                                            |                                   |                            |                  |  |  |
| Enclosed is an origin                      | al and one(1) copy of the article | s of incorporation and a   | check for:       |  |  |
| \$70.00                                    | <b>□</b> \$78.75                  | \$78.75                    | <b>⊠</b> \$87.50 |  |  |
| Filing Fee                                 | Filing Fee                        | Filing Fee                 | Filing Fee,      |  |  |
|                                            | & Certificate of Status           | & Certified Copy           | Certified Copy   |  |  |
|                                            |                                   |                            | & Certificate of |  |  |
|                                            |                                   |                            | Status           |  |  |
|                                            |                                   | ADDITIONAL CO              | PY REQUIRED      |  |  |
|                                            | 51 aba. 7                         |                            |                  |  |  |
| FROM: Stephen Dugger                       |                                   |                            |                  |  |  |
| Name (Printed or typed)                    |                                   |                            |                  |  |  |
| 5047 17th Street                           |                                   |                            |                  |  |  |
| 5047 17" Street                            |                                   |                            |                  |  |  |
| - Armina while                             |                                   |                            |                  |  |  |
|                                            | 700huchille                       | -L=33540                   |                  |  |  |
| Zephythills, I-L = 33540 City, State & Zip |                                   |                            |                  |  |  |
|                                            |                                   |                            |                  |  |  |
| 813-355-1896                               |                                   |                            |                  |  |  |
| 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 The name of the corporation shall be: Costom Towing of Recovery Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Cass Street THE FL Tampa. ARTICLE III PURPOSE The purpose for which the corporation is organized is: Towing ARTICLE IV SHARES The number of shares of stock is: മാഗ ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): Stephen Lee 17th Street 5047 Zephyrhills, FL 33540 REGISTERED AGENT The name and Florida street address of the registered agent is: Stephen Lee Dugger 17th Street 5047 Zephyrhills, FL INCORPORATOR The name and address of the Incorporator is: Stephen Lee Digger 17th Street Zephychills, FL 33540

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/Incorporator

Date