

FD3000087186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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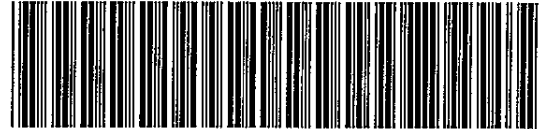
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 AUG -8 PM 2:10

TRANSMITTAL LETTER

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

SUBJECT:

SCOTTYS TOWING, 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:

STEVENSON

SCOTT

Name (Printed or typed)

17723 - 83RD PLACE - N -

Address

LOXAHATCHEE -

City, State & Zip

FLORIDA - 33470 -

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:

Scotty's Towing, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

17723 - 83RD PLACE - N.
LOXAHATCHEE - FL 33470

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TOWING COMPANY

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

STEVENSON SCOTT - PRESIDENT - TREASURER - SECRETARY -
17723 - 83RD PLACE - N -
LOXAHATCHEE - FLORIDA 33470

ARTICLE VI REGISTERED AGENT

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

STEVENSON SCOTT
17723 - 83RD PLACE - N -
LOXAHATCHEE - FLORIDA 33470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

STEVENSON SCOTT
17723 - 83RD PLACE - N -
LOXAHATCHEE - FLORIDA 33470

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

08-05-03.
Date

Signature/Incorporator

08-05-03
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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