

P03000103211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

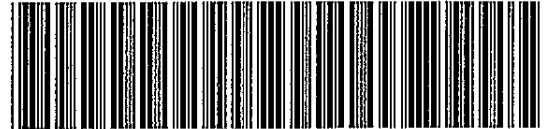
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900022878469

09/16/03--01050--015 **87.50

FILED
03 SEP 16 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/19

TRANSMITTAL LETTER

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

SUBJECT: Tri-County Towing & 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:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Tri-County Towing & Recovery

Name (Printed or typed)

P.O. Box 68

Address

Chiefland, FL 32644

City, State & Zip

(352)493-1818

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)

FILED

03 SEP 16 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Tri-County Towing & Recovery, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 68
Chiefland, FL 32644

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

President Clara E. Shepherd
P.O. Box 68
Chiefland, FL 32644

Vice President Wyatt C. Shepherd
P.O. Box 68
Chiefland, FL 32644

ARTICLE VI REGISTERED AGENT

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

Clara E. Shepherd
102 SW 2nd Street
Chiefland, FL 32626

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Clara E. Shepherd
P.O. Box 68
Chiefland, FL 32644

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

Clara E. Shepherd
Signature/Registered Agent

9-15-03
Date

Clara E. Shepherd
Signature/Incorporator

9-15-03
Date