

PO4000145581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

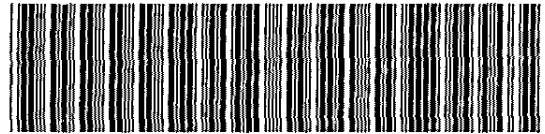
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status       

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Office Use Only



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10/22/04

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U.S. DEPARTMENT OF STATE  
DIVISION OF INTERNATIONAL  
TRAVEL AND VISAS  
WASHINGTON, D.C.

## TRANSMITTAL LETTER

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

SUBJECT: Quic-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 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: Quic-Towing and Recovery  
Name (Printed or typed)

1205 ME CASKILL AVE.  
Address

TALLAHASSEE, FL. 32310  
City, State & Zip

850-561-4864  
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:

Quic-Towing and Recovery Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1205 McASKILL AVE.  
TALLAHASSEE, FL. 32310

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Towing Vehicles.

### 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):

MICHAEL DANIELS (M)	Vanessa. Byrd (M)
1802 Lake BRADFORD ROAD	P.O. BOX 180297
TALLAHASSEE, FL. 32310	Tallahassee, FL.
	32318

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MICHAEL DANIEL  
1802 Lake BRADFORD ROAD  
TALLAHASSEE, FL. 32310

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Vanessa. Byrd  
P.O. BOX 180297  
TALLAHASSEE, FL. 32318

\*\*\*\*\*  
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

Michael Daniels  
Signature/Registered Agent

10/21/04  
Date

Vanessa Byrd  
Signature/Incorporator

10/21/04  
Date