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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C.S.2-7

## TRANSMITTAL LETTER

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

SUBJECT: SOCKWELL 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: WILLIAM DAVID SOCKWELL  
Name (Printed or typed)

274 LOVELL LN  
Address

APOPKA, FL 32703  
City, State & Zip

321-277-6376  
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:

SOCKWELL RECOVERY INC

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

274 LOVELL LN  
APOPKA, FL 32703

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

VEHICLE TOWING AND STORAGE

### ARTICLE IV SHARES

The number of shares of stock is:

1000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

WILLIAM DAVID SOCKWELL, PRESIDENT  
274 LOVELL LN  
APOPKA, FL 32703

### ARTICLE VI REGISTERED AGENT

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

WILLIAM DAVID SOCKWELL  
274 LOVELL LN  
APOPKA, FL 32703

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WILLIAM DAVID SOCKWELL  
274 LOVELL LN  
APOPKA, FL 32703

\*\*\*\*\*

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

Will:   
\_\_\_\_\_  
Signature/Registered Agent

1-25-05

\_\_\_\_\_  
Date

Will:   
\_\_\_\_\_  
Signature/Incorporator

1-25-05

\_\_\_\_\_  
Date

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