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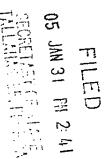
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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C f. 2-7

TRANSMITTAL LETTER

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

SUBJECT:	SOCKWELL RECOVERY INC.			
Enclosed are an orig	(PROPOSED CORPORA	TE NAME - MUST INCL		
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
FROM:	WILLIAM DAVID SOCKWELL Name (Printed or typed)			
	274 LOVELL LN Address			
	APOPKA, FL 32703 City, State & Zip			
	321-277-6	3376		

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

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:

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 <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: WILLIAM DAVID SOCKWELL 274 LOVELL LN APOPKA, FL 32703

ARTICLE VII INCORPORATOR

The <u>name and address</u> 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

Signature/Registered Agent Date

Uil: 1-25-05

Signature/Incorporator Date

SECRETARY OF STATE AND ANIASSEE, FLORETA