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Certified Copies Certificates of Status			
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TRANSMITTAL LETTER

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

SUBJECT:	Inson's Wrecker	- Service Ir	UDE SUFFIX)
	(1.10. 9020 9911 912	10000	
Enclosed are an orig	inal and one (1) copy of the arti	icles of incorporation and	a check for:
□ \$70.00 Filing Fee	▼ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	John Hipso	(Printed or typed)	
	354 US Ha	y 90 west	
	DeFuniak S	State & Zip	433
	850 89, Daytime 1	J- 4467 Telephone number	 .

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)		
ARTICLE I NAME The name of the corporation shall be:		•
·		
Hinson's Wrecker Service, Inc.		
ARTICLE II PRINCIPAL OFFICE		
The principal place of business/mailing address is:		
354 US Hwy 90 West		
DeFuniak Springs, Fl. 32433		
ARTICLE III PURPOSE		
The purpose for which the corporation is organized is:		
Towns, Lockout, Storage, Repours		
	_	***
ARTICLE IV_ SHARES	05 HAY 23	* 1
The number of shares of stock is:	Š	-
•	N	-, -,
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	PH 3: 36	70
List name(s), address(es) and specific title(s):	ట్ట	75 75
John Hinson - President	36	77
·		rs.
\cdot		
ARTICLE VI_ REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:		
John Hinson		
354 us Hwy 90 west		
DeFuniak Springs, Fl. 32433		•
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		
John Hinson		
354 US Hwy 90 West		
DeFuniak Springs, F1. 32433	****	****

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

5-20-05

Date

ARTICLES OF INCORPORATION

Signature/Registered Agent

Signature/Incorporator