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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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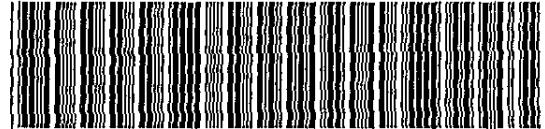
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 MAY -1 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C-2.5-2

COVER LETTER

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

SUBJECT: Jose's Towing Service 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: Jose L. Negron

Name (Printed or typed)

26820 County Road 448A

Address

Mount Dora, Florida 32757

City, State & Zip

352-383-0904

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:

Jose's Towing Service Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

26820 County Road 448A Mount Dora, Florida 32757

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Structuring Business Activities

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jose L Negron, 26820 County Road 448A Mount Dora Florida 32757 President

Leticia L Negron, 26820 County Road 448A Mount Dora Florida 32757 Vice President

ARTICLE VI REGISTERED AGENT

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

Leticia L Negron

26820 County Road 448A Mount Dora Florida 32757

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jose L Negron

26820 County Road 448A Mount Dora Florida 32757

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

Leticia L. Negron
Signature/Registered Agent

Jose L. Negron
Signature/Incorporator

FILED
06 MAY -1 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/27/06
Date

4/27/06
Date