

PO6000062848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

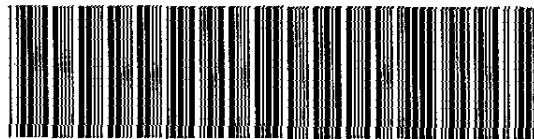
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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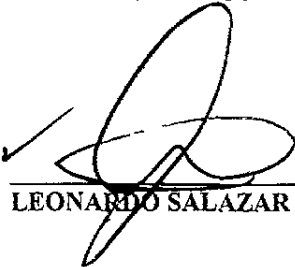
J. Shivers MAY 04 2006

TO: STATE OF FLORIDA SECRETARY OF STATE

AFFIDAVIT

I, LEONARDO SALAZAR AM THE SOLE MANAGER AND  
OWNER OF TOWER INSTALLATIONS LLC.

I REPRESENTS THAT I WILL NOT ACTIVE TOWER INSTALLATIONS LLC  
AND ALLOW THE NAME TO BE USED BY SOMEONE ELSE.

✓   
LEONARDO SALAZAR

✓ 4/28/06  
DATE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 MAY -3 AM 11:15

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COVER LETTER

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

SUBJECT: TOWER INSTALLATIONS, 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: KENNETH W. MCCOY  
Name (Printed or typed)

15271 N.W. 60TH. AVE., SUITE 203  
Address

MIAMI LAKES, FL. 33014  
City, State & Zip

305-698-9001  
Daytime Telephone number

STATE OF FLORIDA  
TALLAHASSEE

06 MAY -3 AM 11:15

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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:

TOWER INSTALLATIONS, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

911 N.W. 209TH. AVE., SUITE 113  
PEMBROKE PINES, FL. 33029 COUNTRY USA

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LAWFULL PURPOSES

## ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LEONARDO SALAZAR P/S/D  
911 N.W. 209TH. AVE., SUITE 113  
PEMBROKE PINES, FL. 33029

## ARTICLE VI REGISTERED AGENT

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

LEONARDO SALAZAR  
911 N.W. 209TH. AVE., SUITE 113  
PEMBROKE PINES, FL 33029

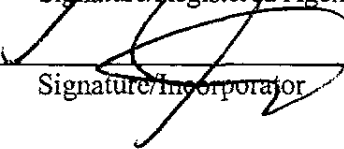
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LEONARDO SALAZAR  
911 N.W. 209TH. AVE, SUITE 113  
PEMBROKE PINES, FL. 33029

\*\*\*\*\*  
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

✓   
\_\_\_\_\_  
Signature/Incorporator

✓ 4/28/06  
\_\_\_\_\_  
Date

✓ 4/28/06  
\_\_\_\_\_  
Date

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