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2006 MAY 22 A 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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5-25-06  
402

# TRANSMITTAL LETTER

12 May 2006

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Neptune Towing and Recovery, Inc.

Enclosed is an original (and one (1) copy\*) of the articles of incorporation of the above referenced entity and an check for:

\_\_\_\_\_ \$70.00 Filing Fee

\_\_\_\_\_ \$122.50 Filing Fee & Cert. Copy\*

\_\_\_\_\_ \$78.75 Filing Fee & Certificate

\_\_\_\_\_ \$131.25 Filing Fee, Cert. Copy & Certificate\*

*\*Additional Copy of Articles Required*

Thank you in advance for your cooperation in this matter. Please address all correspondence and questions to:

Viorel D. Iosipan  
250 15th Ave South  
St. Petersburg, FL 33701  
Tele. 727-895-1355

# ARTICLES OF INCORPORATION

*The undersigned incorporator, for the purpose of forming a corporation under the Florida business Corporation Act, hereby adopts the following Articles of Incorporation.*

## ARTICLE I: NAME

The name of the corporation shall be:

**Neptune Towing and Recovery, Inc.**

## ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**250 15th Ave South St. Petersburg, FL 33701**

## ARTICLE III: SHARES

The number of shares of stock authorized to be outstanding at one time

**1,000**

## ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

**Viorel D. Iosipan 250 15th Ave South St. Petersburg, FL 33701**

## ARTICLE V: INCORPORATOR

**Viorel D. Iosipan 250 15th Ave South St. Petersburg, FL 33701**

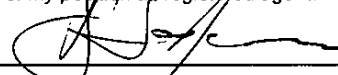
## ARTICLE VI: EFFECTIVE DATE

The effective date of these filings shall be: **Upon Receipt**

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

05.16.06  
\_\_\_\_\_  
Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
\_\_\_\_\_  
Signature/Registered Agent

05.16.06  
\_\_\_\_\_  
Date

2006 MAY 22 A 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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