

PO6000157269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

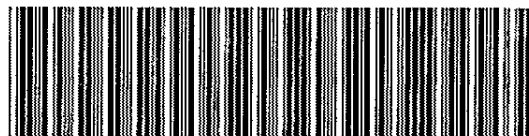
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900082787579

12/28/06--01016--012 **78.75

FILED
06 DEC 28 PM 1:13
CLERK OF STATE
TALLAHASSEE, FLORIDA

D. WHITE DEC 28 2006

COVER LETTER

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

SUBJECT: Hooker Towing & Recovery 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: Kevin S. Cobb

Name (Printed or typed)

494 Western Road

Address

New Smyrna Beach Florida 32168

City, State & Zip

386 689-6283

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:

Hooker Towing & Recovery Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

494 Western Road New Smyrna Beach, FL 32168

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Vehicle towing service

ARTICLE IV SHARES

The number of shares of stock is:

500 common

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Kevin S.Cobb 494 Western Road New Smyrna Beach, FL 32168 President

ARTICLE VI REGISTERED AGENT

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

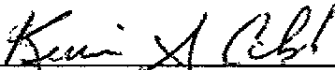
Kevin S. Cobb 494 Western Road New Smyrna Beach, FL 32168

ARTICLE VII INCORPORATOR

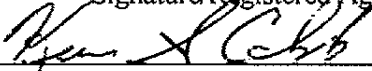
The name and address of the Incorporator is:

Kevin S. Cobb 494 Western Road New Smyrna Beach, FL 32168

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

12-19-06

Date

12-19-06

Date

FILED
06 DEC 28 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA