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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

D. WHITE OCT 18 2003

## **COVER LETTER**

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

SUBJECT:	TOWERS	TES IORALION	INC
·	(PROPOSED CORPO	RATE NAME - MUST INCL	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:		TUCCES ame (Printed or typed)	
	5790 NW COCONUT	Address	<u>ace</u> FL 33073
	(	City, State & Zip	

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

Daytime Telephone number

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:

Towers Restoration Inc

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is: 5790 NW 74th PLACE

COCONUT Creek FL 33073

**PURPOSE** 

The purpose for which the corporation is organized is:

For Profit

ARTICLE IV

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Pres: Carmelo Torres

5790 NW 74th Place

COCONUT Creek 7/ 33073

JOHN ACKERMAN

[9873 VILLA MEDICI PLACE

BOCA RATON FL 33434

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Carmeio Torres

5790 NW 74th PLACE

COCONUT CIEEK FL 33073

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 fignillar with and accept the appointment as registered agent and agree to act in this capacity

IN-14-2007

Signature/Registered Agent

Date

10-14-2007

Date

REGISTERED AGENT

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

FILED
2001 OCT 17 P 2: OU
SECRETARY OF STATE