

PO7000115324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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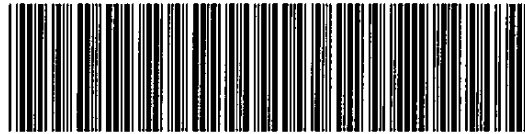
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 OCT 18 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Per

COVER LETTER

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

SUBJECT: CJA TOWING, 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: TIMOTHY J. PEARCE

Name (Printed or typed)

174 E. MITCHELL HAMMOCK ROAD

Address

OVIEDO, FL 32765

City, State & Zip

407-971-8079

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:

CJA TOWING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

174 E. MITCHELL HAMMOCK ROAD
OVIEDO, FL 32765

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

TIMOTHY J. PEARCE
PRESIDENT, VICE PRESIDENT,
SECRETARY AND TREASURER

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

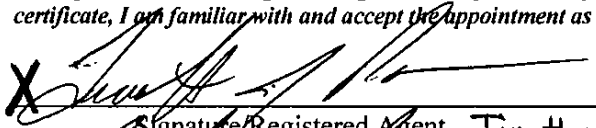
TIMOTHY J. PEARCE
174 E. MITCHELL HAMMOCK ROAD
OVIEDO, FL 32765

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TIMOTHY J. PEARCE
174 E. MITCHELL HAMMOCK ROAD
OVIEDO, FL 32765


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

X 

Signature/Registered Agent Timothy J. Pearce

10/16/07

Date

X 

Signature/Incorporator Timothy J. Pearce

10/16/07

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA