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COVER LETTER

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

SUBJECT: CARL'S	TOWING & TRANSPORT INC. (PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles 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 CO	PY REQUIRED
FROM: JO	OHN FLINK Name	(Printed or typed)	
	115 RONALD ROAD	Address	
	ST. AUGUSTINE, FL, 32095	, State & Zip	
	904-608-2940 Daytime 1	Celephone 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:

CARL'S TOWING & TRANSPORT INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 6102 CHESTER CIRCLE, JACKSONVILLE, FL, 32217

115 RONALD ROAD, ST. AUGUSTINE, FL. 32095

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO TOW AND TRANSPORT VEHICLES

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V

List name(s), address(es) and specific title(s): JOHN FLINK PRESIDENT, SECRETARY, TREASURER, DIRECTOR 115 RONALD ROAD ST. AUGUSTINE, FL. 32095

ARTICLE VI REGISTERED AGENT

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

JOHN FLINK 115 RONALD ROAD ST. AUGUSTINE, FL. 32095

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is: JOHN FLINK

115 RONALD ROAD

ST. AUGUSTINE, FL. 32095

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/Reg