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9-18-09  
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Department of State  
 Division of Corporations  
 P. O. Box 6327  
 Tallahassee, FL 32314

SUBJECT: Hendry County Towing & Recovery Corp.  
 (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: Rosalie Peceino  
 Name (Printed or typed)

6299 SR 29 S.  
 Address

Labelle, FL. 33935  
 City, State & Zip

863-612-1171  
 Daytime Telephone number

hendrytowing@yahoo.com  
 E-mail address: (to be used for future annual report notification)

**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:

Hendry County Towing & Recovery Corp.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

6299 SR 29 S Labelle, Fl. 33935.

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TRANSPORT. and Towing

**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):

Rosalia Pereiro (Pres.)  
6299 SR 29 S  
Labelle, Fl. 33935

Eva Rivera (V. Pres.)  
6299 SR 29 S  
Labelle, Fl. 33935

**ARTICLE VI REGISTERED AGENT**

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

Rosalia Pereiro  
6299 SR 29 S  
Labelle, Fl. 33935

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Eva Rivera  
6299 SR 29 S  
Labelle, Fl. 33935

\*\*\*\*\*

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

9/9/09  
\_\_\_\_\_  
Date

9/9/09  
\_\_\_\_\_  
Date