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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
a-1 recovery & transportation, Inc.

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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11/16/2009

2

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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:

A-1 Recovery & Transportation, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1732 So. Congress Avenue, Suite # 324
Palm Springs, FL 33461

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Repossession and Investigation and any other lawful business related thereto. Additionally, any and all other 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):

Peter R. Wabuda - President/Treasurer/Secretary
1732 So. Congress Avenue, Suite #324
Palm Springs, FL 33461

ARTICLE VI REGISTERED AGENT

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

Peter R. Wabuda
13265 Persimmon Boulevard
West Palm Beach, FL 33411

ARTICLE VII INCORPORATOR

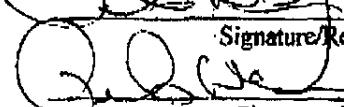
The name and address of the Incorporator is:

Peter R. Wabuda
13265 Persimmon Boulevard
West Palm Beach, FL 33411

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

11/13/2009

Date

11/13/2009

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA