

PO9000100154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

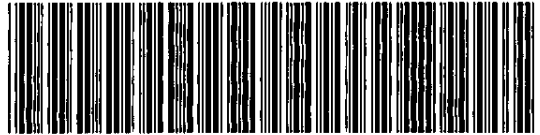
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700162831227

12/14/09--01037--008 \*\*28.75

700162831227  
11/24/09--01034--001 \*\*50.00

2009 DEC 14 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

1180  
12/14

## COVER LETTER

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

SUBJECT: AKL 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: ALICIA LARocca & William HAM  
Name (Printed or typed)

931 E 129 Ave  
Address

TAMPA, FL 33612  
City, State & Zip

813-770-7534  
Daytime Telephone number

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

**NOTE: Please provide the original and one copy of the article**

**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&L TOWING INC.*

**ARTICLE II PRINCIPAL OFFICE**

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

*931 E 129th Ave.  
TAMPA, FL 33612*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*ANY & ALL LAWFUL BUSINESS*

**ARTICLE IV SHARES**

The number of shares of stock is:

*1*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

*VP. ALICIA LAROCCA P.O. Box 1296 Lutz, FL 33548  
\*P William Ham 110 Bloomingfield Dr. Brandon, FL 33511*

**ARTICLE VI REGISTERED AGENT**

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

*ALICIA LAROCCA  
931 E 129th Ave  
Tampa, FL 33612*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*ALICIA LAROCCA  
P.O. Box 1296  
Lutz, FL 33548*

\*\*\*\*\*

*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*

*Alicia LaroCCA*  
\_\_\_\_\_  
Signature/Registered Agent

*12-2-09*  
\_\_\_\_\_  
Date

*Alicia LaroCCA*  
\_\_\_\_\_  
Signature/Incorporator

*12-2-08*  
\_\_\_\_\_  
Date

FILED  
2009 DEC 14 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA