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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
,				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer				
Special Instructions to Filing Officer:				

Office Use Only



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762 2-15-09

COVER LETTER

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

SUBJECT: Tower C	Contract Services Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the art	ticles 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	
•	lliam B. Latour Nam	e (Printed or typed)	
		Address	
Jac	ksonville, Florida 32244 City	, State & Zip	
904	-240-4753		
 -	Daytime	Telephone number	· · · · · · · · · · · · · · · · · · ·
tow	erservices@hotmail.com		
		ed 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:

Tower Contract Services Inc.

ARTICLE II PRINCIPAL OFFICE

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

8440 OAK CROSSING DR W

VACKSONVICCE FC 31144

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR PROFIT & CORPORATION

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):

WILLIAM LATOUR PRESIDENT ICEO

8440 OAKEROSSING DRW

VALKSON VILLE FL 32244

ARTICLE VI REGISTERED AGENT

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

WILLIAM LATOR 8440 OAKCROSSING DA W

VACKSONVILLE FL 32244

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WILLIAM VATOUR 8440 OAK CROSSING OR W VACKSON VILLE FL 32244

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

Date

12-9-09

Date

12-9-09

Date