

712000040835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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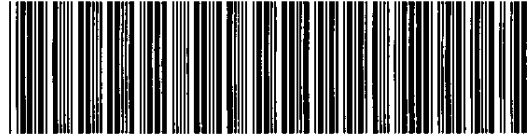
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/01/12--01027--008 **78.75

2012 MAY -1 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Givens MAY 02 2012

COVER LETTER

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

SUBJECT: A-Able Wrecker, 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: William R. Anderson

Name (Printed or typed)

6945 Hunnicutt Lane

Address

Jacksonville, FL 32219

City, State & Zip

904-885-7054

Daytime Telephone number

Will.Ande@yahoo.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

2012 MAY -1 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-Able Wrecker, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
6945 Hunnicutt Lane
Jacksonville, FL 32219

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To provide Wrecker/Transport services for vehicles.

ARTICLE IV SHARES

The number of shares of stock is: **100 Shares**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	William R. Anderson-President	Name and Title:	
Address:	6945 Hunnicutt Lane	Address:	
	Jacksonville, FL 32219		

Name and Title:		Name and Title:	
Address:		Address:	

Name and Title:		Name and Title:	
Address:		Address:	

ARTICLE VI REGISTERED AGENT

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

Name: **William R. Anderson**
Address: **6945 Hunnicutt Lane**
Jacksonville, FL 32219

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: **William R. Anderson**
Address: **6945 Hunnicutt Lane**
Jacksonville, FL 32219

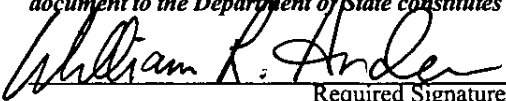
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

4/29/12
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

4/29/12
Date

2012 MAY -1 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA