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File No.

001

5/15/13

Division of Corporations

P13000043538

Florida Department of State

Division of Corporations

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**FLORIDA PROFIT/NON PROFIT CORPORATION
ALL CITY TOWING, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

FILED
13 MAY 15 PM 12:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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DIVISION OF CORPORATIONS

MRS 5/16/13

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P. 002

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be: **ALL CITY TOWING, INC.**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

10675 SW 5TH STREET
MIAMI, FL 33174

Mailing address, if different is:

10675 SW 5TH STREET
MIAMI, FL 33174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **ANY AND ALL LAWFUL**

ARTICLE IV SHARES **100**

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **(PRESIDENT) LAURENCE A MENDOZA**

Name and Title:

Address

10675 SW 5TH STREET
MIAMI, FL 33174

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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P. 003

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13 MAY 15 PM 12: 53

Name and Title: _____	Name and Title: <u>SECRETARY OF STATE</u>
Address _____	Address: <u>TALLAHASSEE, FLORIDA</u>
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

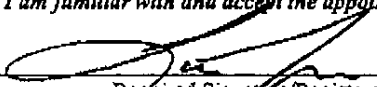
Name: LAURENCE A MENDOZA
Address: 10675 SW 5TH STREET
MIAMI, FL 33174

ARTICLE VII INCORPORATOR

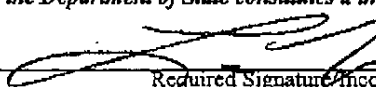
The name and address of the Incorporator is:

Name: LAURENCE A MENDOZA
Address: 10675 SW 5TH STREET
MIAMI, FL 33175

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	_____ Date
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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	_____ Date
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