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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

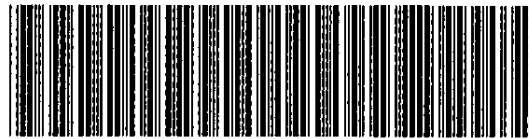
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
13 JUN -4 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1/4

## COVER LETTER

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

SUBJECT: Towing Group Corp.  
(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: Sheyla Garcia  
Name (Printed or typed)

6912 NW 174 Terrace Suite # 101  
Address

Miami Lakes, FL 33015  
City, State & Zip

(786) 439-5016  
Daytime Telephone number

sheylagarcia1802@Hotmail.com  
E-mail address: (to be used 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)

FILED

**ARTICLE I NAME**

The name of the corporation shall be: Towing Group Corp. 13 JUN -4 PM 3:55

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different from principal office address

6912 NW 174 Terrace Suite #101  
Miami Lakes, FL 33015

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The corporation will be a  
towing company. It will be a profit corporation for  
the purpose of towing vehicles.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Sheila Garcia Name and Title: \_\_\_\_\_

Address: (President) Address: \_\_\_\_\_

6912 NW 174 Terrace Suite #101

Miami Lakes, FL 33015

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

(conti.)

FILED

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

13 JUN -4 PM 3:55

Address \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name:

Sheyla Garcia

Address:

6912 NW 174 Terrace Suite #101

Miami Lakes, FL. 33015

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Sheyla Garcia

Address:

6912 NW 174 Terrace Suite #101

Miami Lakes, FL. 33015

*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*

Ahgona

Required Signature/Registered Agent

5-31-13

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.*

Ahgona

Required Signature/Incorporator

5-31-13

Date