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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 SEP 20 PM 1:55

*[Handwritten signature]*

## COVER LETTER

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

**SUBJECT:** EMERGENCY ROADSIDE SERVICE, 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** David M. Taylor

Name (Printed or typed)

408 N.E. 6th. St. Suite #316

Address

Ft. Lauderdale, FL. 33304

City, State & Zip

(305) 906-1097

Daytime Telephone number

dtaylor5352@aol.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)

**ARTICLE I NAME**

The name of the corporation shall be: EMERGENCY ROADSIDE SERVICE, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

408 N.E. 6th. St. Suite #316

Ft. Lauderdale, FL. 33304

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: PERFORMING ROADSIDE REPAIRS FOR MOTORISTS

**ARTICLE IV SHARES 100**

The number of shares of stock is: 100

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

Name and Title: David M. Taylor, President

Address 408 N.E. 6th. St. Suite #316  
Ft. Lauderdale, FL. 33304

Name and Title: Jason Mattaralla, Vice President

Address: 1331 South Palmway  
Lake Worth, FL. 33460

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 SEP 20 PM 1:55

(conti.)

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:

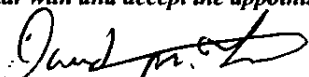
Name: DAVID M. TAYLOR  
Address: 408 N.E. 6th. St. Suite #316  
Ft. Lauderdale, FL. 33304

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: David M. Taylor  
Address: 408 N.E. 6th. St. Suite #316  
Ft. Lauderdale, FL. 33304

*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*

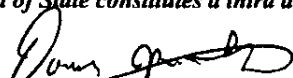


\_\_\_\_\_  
Required Signature/Registered Agent

9-18-2013

\_\_\_\_\_  
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

9-18-2013

\_\_\_\_\_  
Date