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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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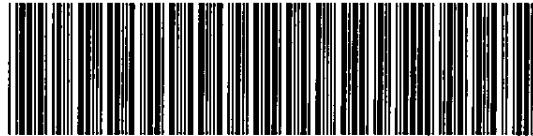
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: BARDO'S TOWING 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

| | |
|--|--|
| <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| ADDITIONAL COPY REQUIRED | |

FROM: JOSEPH BOMBARDO

Name (Printed or typed)

18139 VICTORIAN DRIVE

Address

CLERMONT, FL. 34715

City, State & Zip

407-948-5477

Daytime Telephone number

JBOMBARDO@CFL.RR.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: BARDO'S TOWING INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

18139 VICTORIAN DR
CLERMONT, FL. 34715

Mailing address, if different is:

18139 VICTORIAN DR
CLERMONT, FL. 34715

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TOWING, AUTOS AND TRUCKS

ARTICLE IV SHARES 500

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSEPH BOMBARDO(PRESIDENT)

Address 18139 VICTORIAN DRIVE
CLERMONT, FL. 34715

Name and Title: CAROL BOMBARDO (VICE PRSIDENT)

Address: 18139 VICTORIAN DRIVE
CLERMONT, FL. 34715

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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TALLAHASSEE FLORIDA

(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: JOSEPH BOMBARDO
Address: 18139 VICTORIAN DR
CLERMONT, FL.34715

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSEPH BOMBARDO
Address: 18139 VICTORIAN DRIVE
CLERMONT, FL.34715

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
Joseph V. Bombardo

2-3-2014
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
Joseph V. Bombardo

2-3-2014
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TALLAHASSEE FLORIDA