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To:

Division of Corporations

: (850)617-6381

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 12000000019

Phone

: (305)552-5973

Fax Number

: (305)220-1440

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### FLORIDA PROFIT/NON PROFIT CORPORATION A. ELMUZA TOWING, INC

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## 16 FFB | 7 PM | 2: 45

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#### ARTICLES OF INCORPORATION

**OF** 

#### A. ELMUZA TOWING, INC

#### ARTICLE I

THE NAME OF THE CORPORATION IS:

#### A. ELMUZA TOWING, INC

#### ARTICLE II

THE CORPORATION MAY ENGAGE IN ANY ACTIVITY OF BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND UNDER THE LAWS OF STATE OF FLORIDA.

**TOWING** 

#### ARTICLE III

THE MAXIMUN NUMBER OF SHARES OF CAPITAL STOCK THAT THE CORPORATION IS AUTHORIZED TO ISSUES IS 500 SHARES AT \$ 1.00 PER VALUE.

#### ARTICLE IV

THE AMOUNT OF CAPITAL WITH WHICH THE CORPORATION WILL BEGIN BUSINESS IS THE SUM OF \$ 500.00

#### **ARTICLE V**

THE CORPORATION SHALL HAVE PERPETUAL EXISTENCE UNLESS SOONER DISSOLVED ACCORDING TO LAW, AND ITS EXISTENCE SHALL COMMEMCE UPON FILING.

#### **ARTICLE VI**

THE STREET ADDRESS IS THE PRINCIPAL OFFICE OF THE CORPORATION IN THIS STATE SHALL BE:

1255 WEST OKEECHOBEE RD., STE # 6, HIALEAH FLORIDA 33010

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#### ARTICLE VII

THE NAME (S) AND STREET ADDRESS (ES) OF THE PERSON SIGNING THESE ARTICLES ARE:

AVIMILET ELMUZA - 1255 WEST OKEECHOBEE RD., STE # 6, HIALEAH FLORIDA 33010

#### ARTICLE VIII

THE CORPORATION SHALL HAVE A BOARD OF DIRECTORS CONSISTING OF NOT LESS THAN ONE OR MORE THAN SIX DIRECTORS. THE INICIAL BOARD OF DIRECTORS SHALL CONSIST OF DIRECTORS SHALL CONSIST OF TWO DIRECTORS WHOSE NAMES AND ADDRESS ARE AS FOLLOWS:

AVIMILET ELMUZA - 1255 WEST OKEECHOBEE RD., STE # 6, HIALEAH FLORIDA 33010

#### ARTICLE IX

THE STREET ADDRESS OF INICIAL REGISTERED OFFICE AND THE NAME OF INICIAL REGISTERED AGENT AT THAT ADDRESS SHALL BE:

AVIMILET ELMUZA - 1255 WEST OKEECHOBEE RD., STE # 6, HIALEAH FLORIDA 33010

THE UNDERSIGNED HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS FOURTEEN DAY OF FEBRUARY OF 2014.

AVIMILET ELMUZA PRESIDENT

SIGNATURE

FILED SECRETARY OF STATE DIVISION OF CORPOBATION

# SECRETARY OF STAIL. DIVISION OF CORPORATIONS

## n44000033560

### **CERTIFICATE OF DESIGNATION**

#### REGISTERED AGENT/REGISTERED OFFICE

Pursuant to provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of The State of Florida, submits the following statement in designated the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

#### A. ELMUZA TOWING, INC

2. The name and address of the registered agent and office is:

AVIMILET ELMUZA - 1255 WEST OKEECHOBEE RD., STE # 6, HIALEAH FLORIDA 33010

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS, OF MY POSITION AS REGISTERED AGENT.

**SIGNATURE** 

DATE: FEBRUARY 14, 2014