

P/4000025910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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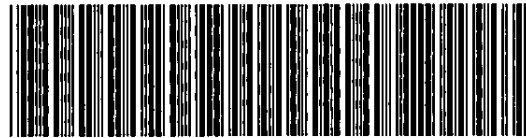
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 03/24/14

COVER LETTER

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

SUBJECT: McGregor Towing & Recovery 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: Ronald Coppolino Jr

Name (Printed or typed)

8771 Wesleyan Dr #16-04

Address

Ft Myers Fl. 33919

City, State & Zip

239-707-3321

Daytime Telephone number

pcoppolino09@gmail.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:

McGregor Towing & Recovery Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8771 Wesleyan Dr # 16-04

Ft Myers Fl. 33919

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Towing and Auto Repair

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ronald Coppolino Jr Director

Name and Title: _____

Address 8771 Wesleyan Dr #16-04

Address: _____

Ft Myers Fl 33919

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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: Ronald Coppolino Jr
Address: 8771 Wesleyan Dr # 16-04
Ft Myers Fl 33919

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ronald Coppolino Jr
Address: 8771 Wesleyan Dr #16-04
Ft Myers Fl 33919

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

Ronald Coppolino Jr

Required Signature/Registered Agent

3/2/2014

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.

Ronald Coppolino Jr

Required Signature/Incorporator

3/2/2014

Date