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(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	· · · · · · · · · · · · · · · · · · ·
(Ci	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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10/20/14--01006--003 **78.75



COVER LETTER

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

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l 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 CO	

Name (Printed or typed)

1109 South Monrol street

Address

Tallahassee F1. 32301

City, State & Zip

(850) 544-1781 - (850) 597-9242

Daytime Telephone number

Tysuns, Qarage Q Jahou. Com

E-mail address: (to de 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)

The name of the corpora	ME ation shall be: TUSUNS C	garage Towin	na & Receivery	Inc.
	NCIPAL OFFICE Principal street address	J	Mailing address, if different is:	
1609 Son	th monioe		Same	
Tall, FI	3230\			
ARTICLE III PUT The purpose for which	RPOSE the corporation is organized is:	tuto Repa	ur à Towin	5
				<u> </u>
			A STATE OF THE STA	8 76
	,			5
•			芸品	29
ARTICLE IV SH The number of shares o	ARES f stock is: \QQ			
ARTICLE V IN	TIAL OFFICERS AND/OR DIR	ECTORS_		N D
Name and Tit	e-Sean Typon lowr	VER PName and Title	:Carolyn Hold	infafficer
Address	1609 South mu	nrue Address:	1409 Suth	munrue st
•	Street		T411, Fl, 3230	<u>, </u>
	Tall, Fl. 3230	<u>\</u>		
Name and Titl	e:	Name and Title	»:	
Address		Address:		
Name and Titl	e:	Name and Title	3; <u> </u>	
Address		Address:		
			·	

Name a	nd Title: Name and Title:	
Addres	s Address:	·
RTICLE VI he name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of the registered agent i	s:
Name:	Timothy s tyson	
Address:	1609 Sputa Marine st	
	Tall FL 32301	
RTICLE VII	INCORPORATOR	
he <u>name and a</u>	ddress of the Incorporator is:	
Name:	Timothy Tysun	
Address:	1609 South monroe	•
	Tull, F1,32301	
	med as registered agent to accept service of process for the above stated am familiar with and accept the appointment as registered agent and ag	
Im	-8 h	10-20-14
	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein are true. I am aware tha Department of State constitutes a third degree felony as provided for in s	
d min	-8 T	10-20-14
	Required Signature/Incorporator	Date