

JAN 02 12:10 PM

Doc No.

P. 001

1/2/2015

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H15000024685 3)))



H150000246853ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

Phone : (305)444-4994

Fax Number : (305)444-4977

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
NWO TOWING & RECOVERY, CORP.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$78.75 |

*Handwritten signature and date 02/02/15*

15 JAN 30 AM 11:53

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15 JAN 30 PM 2:48

RECEIVED

JAN/30/2015/FRI 12:16 PM

FAX No.

P. 002/003

**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: **NWO TOWING & RECOVERY, CORP.**

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

**16495 NW 27 AVE**  
**MIAMI GARDENS, FL 33054**

Mailing address, if different is:

**755 NW 20 STREET**  
**MIAMI, FL 33127**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANY AND ALL LAWFUL BUSINESS**

**ARTICLE IV SHARES**  
The number of shares of stock is: **SHARES: 100**

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

Name and Title: **Elizabeth Maria Montenegro (P/D)**

Address: **16495 NW 27 AVE**  
**MIAMI GARDENS, FL 33054**

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 JAN 30 AM 11:53

JAN/30/2015/FRI 12:16 PM

FAX No.

P. 003/003

(cont.)

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: Elizabeth Maria Montenegro

Address: 16495 NW 27 AVE  
MIAMI GARDENS, FL 33054


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Elizabeth Maria Montenegro

Address: 16495 NW 27 AVE  
MIAMI GARDENS, FL 33054

*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

01/29/2015

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

01/29/2015

Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 JAN 30 AM 11:53