

PK5000037268

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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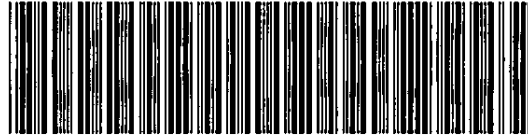
(Business Entity Name)

(Document Number)

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15 APR 21 PM 1:56  
SHERIFF'S OFFICE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: **Tow Life 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: **Roger K Riley**

Name (Printed or typed)

**8600 64th Street**

Address

**Pinellas Park, Florida, 33782**

City, State & Zip

**727 224 3245**

Daytime Telephone number

**Towlife2014@aol.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: Tow Life Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8600 64th Street

Pinellas Park Florida

33782

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

Selling Apparel and Accessories

Tow Life is registered with the United States Patent and Trademark Office.

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

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

Name and Title: Jackie Lyn Riley, CEO

Address: 8600 64th Street  
Pinellas Park Fl  
33782

Name and Title: Roger K Riley, CFO

Address: 8600 64th Street  
Pinellas Park Fl  
33782

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

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15 APR 21 PM 1:56  
STATE OF FLORIDA  
TALLAHASSEE

(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: Roger K Riley  
Address: 8600 64th Street  
Pinellas Park FL 33782

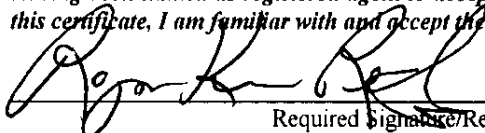
**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Roger K Riley  
Address: 8600 64th Street  
Pinellas Park FL 33782

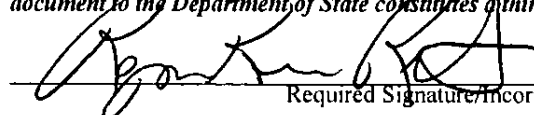
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

April 17, 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

April 17, 2015  
Date