

PISOWD 71233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

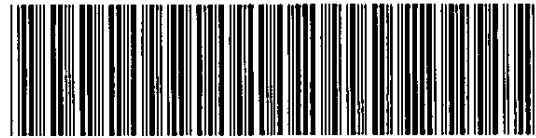
Special Instructions to Filing Officer:

Office Use Only

WISLOW44414

AUG 28 2015

DOTT



000274262380

06/23/15--01010--010 \*\*113.75

15 AUG 25 AM 11:00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 7, 2015

CHARLETTE A. MOORE  
J & M TOWING  
913 ANGLE RD  
FT PIERCE, FL 34997

SUBJECT: J & M TOWING STORAGE & SALES, INC.  
Ref. Number: W15000044414

We have received your document for J & M TOWING STORAGE & SALES, INC. and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Fictitious name can not be converted to corporation.,

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 215A00013622

## COVER LETTER

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

SUBJECT: J&M TOWING STORAGE & SALES, 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  
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 COPY REQUIRED**

FROM: MARTYN J. MOORE  
Name (Printed or typed)

920 ANGLE RD  
Address

FT Pierce, FL 34947  
City, State & Zip

772 480 6575  
Daytime Telephone number

MARTYN@SEPTech2000.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:

J & M TOWING STORAGE & SALES, INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

920 ANGLE RD

FT PIERCE, FL 34947

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TOWING & STORAGE & SALES

15 AUG 25 AM 11:00

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARTYN J. MOORE

Name and Title:

Address

911 ANGLE RD

Address:

FT PIERCE, FL 34947

PRESIDENT

Name and Title: CHARLOTTE A. MOORE

Name and Title:

Address

911 ANGLE RD

Address:

FT PIERCE, FL 34947

SECRETARY

Name and Title:

Name and Title:

Address

Address:

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: \_\_\_\_\_

TOYAH J MOORE

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

920 ANGLE RD.

FT PIERCE, FL 34947

**ARTICLE VII INCORPORATOR**

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

Name: \_\_\_\_\_

MARTYN J. MOORE

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

911 ANGLE RD

FT PIERCE, FL 34947

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

TOYAH J MOORE

Required Signature/Registered Agent

AUGUST 19, 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.*

[Signature]

Required Signature/Incorporator

AUGUST 19, 2015

Date