

07/27/2033 06:16

P1500007500A

001/003

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.

((H15000222019 3)))



H150002220193ABCW

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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
CROWN TOWING CORP

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

RECEIVED

15 SEP 15 PM 4:39

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 SEP 15 AM 10:59

FILED

H15000222019

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**ARTICLE I NAME:** The name of the corporation is:Crown Towing Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

5097 E 10 AVE
Hialeah FL 33013**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Anxel Puentes - President

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Anxel Puentes
5097 E 10 AVE
Hialeah FL 33013**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Anxel Puentes
5097 E 10 AVE
Hialeah FL 33013SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 SEP 15 AM 10:59

FILED

H15000222019

07/27/2033 06:17

#7555 P.003/003

H15000222019

Required Signatures:

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



Registered Agent

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.



Incorporator

Date

FILED
15 SEP 15 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H15000222019