

P16000016725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

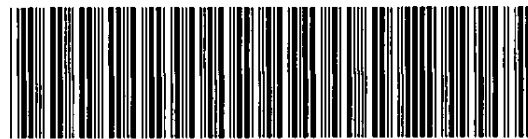
(Business Entity Name)

(Document Number)

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

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02/16/16--01027--008 \*\*78.75

SECRETARY OF STATE  
TOLSON/SECY 7/07/02

16 FEB 16 PM 2:06

APPROVED  
AND  
FILED

1/14

## COVER LETTER

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

**SUBJECT:** \_\_\_\_\_  
johns transport and towing 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:** \_\_\_\_\_  
johns transport and towing inc.

\_\_\_\_\_  
Name (Printed or typed)

1523 alt hwy 19

\_\_\_\_\_  
Address

holiday fl.34691

\_\_\_\_\_  
City, State & Zip

727-943-8888

\_\_\_\_\_  
Daytime Telephone number

johnstowing01@gmail.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)

APPROVED  
AND  
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**ARTICLE I NAME**

The name of the corporation shall be: johns transport and towing inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is: \_\_\_\_\_

1523 alt hwy 19

holiday fl. 34691

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: transport and towing of vehicles

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: john bangos president

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

Address 1503 garden ave

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

tarpon springs fl. 34689

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

APPROVED  
AND  
FILED

Name and Title: \_\_\_\_\_ Name and Title: 16 FEB 16 PM 2:06

Address: \_\_\_\_\_ Address: SECRETARY OF STATE

TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: john bangos

Address: 1503 garden ave

tarpon springs fl. 34689

**ARTICLE VII INCORPORATOR**

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

Name: john bangos

Address: 1503 garden ave

tarpon springs fl. 34689

**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*

JOHN BANGOS  
Required Signature/Registered Agent

2-10-16  
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.*

JOHN BANGOS  
Required Signature/Incorporator

2-10-16  
Date