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COVER LETTER

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

RESCUE TOWING & TRANSPORT, INC.

SUBJECT: _____
(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: GEORGE A. JONES

Name (Printed or typed)

601 CHANNELSIDE WALK WAY UNIT 1143

Address

TAMPA, FLORIDA 33602

City, State & Zip

(813) 363-1683

Daytime Telephone number

DRBENZ51@ICLOUD.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

RESCUE TOWING & TRANSPORT, INC.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

601 CHANNELSIDE WALK WAY

UNIT 1143

TAMPA, FL 33602

Mailing address, if different is: _____

ARTICLE III PURPOSE

THIS CORPORATION MAY ENGAGE OR TRANSACT IN ANY

The purpose for which the corporation is organized is: _____

OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE

STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION.

ARTICLE IV SHARES

1500

The number of shares of stock is: _____

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GEORGE A. JONES, PRESIDENT

Name and Title: _____

Address 601 CHANNELSIDE WALK WAY

Address: _____

UNIT 1143

TAMPA, FL 33602

Name and Title: CYNTHIA JONES, VP/SECRETARY

Name and Title: _____

Address 601 CHANNELSIDE WALK WAY

Address: _____

UNIT 1143

TAMPA, FL 33602

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: NEHEMIAH JEFFERSON, ESQ.
Address: 17407 BRIDGE HILL COURT, SUITE M
TAMPA, FL 33647

ARTICLE VII INCORPORATOR

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

Name: GEORGE A. JONES
Address: 601 CHANNELSIDE WALK WAY UNIT 1143
TAMPA, FL 33602

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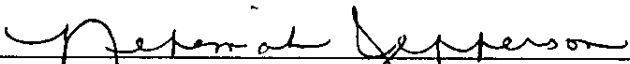
ARTICLE VIII EFFECTIVE DATE:

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

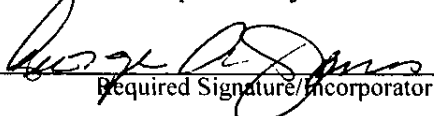


Required Signature/Registered Agent

2/20/16

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.



Required Signature/Incorporator

2/20/16

Date