

JUL/25/2016 07:07 PM

7/25/2016

FAX NO.

P. 001

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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16 JUL 25 PM 12:34

FLORIDA PROFIT/NON PROFIT CORPORATION
SANTA CRUZ DEL NORTE TOWING CORP

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

07-26-16

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: SANTA CRUZ DEL NORTE TOWING CORPARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

7146 NW 14 PL APT #5MIAMI, FL 33147ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESSARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: ARMANDO A. SANTANA (P)

Name and Title: _____

Address 7146 NW 14 PL APT #5

Address: _____

MIAMI, FL 33147Name and Title: CARLOS A. PANDO (V/P)

Name and Title: _____

Address 7146 NW 14 PL APT #5

Address: _____

MIAMI, FL 33147

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
16 JUL 25 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL/25/2016/MON 01:08 PM

FAX No.

P. 003

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: ARMANDO A. SANTANA
Address: 7146 NW 14 PL APT #5
MIAMI, FL 33147

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ARMANDO A. SANTANA
Address: 7146 NW 14 PL APT #5
MIAMI, FL 33147

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

07/25/2016

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

07/25/2016

Date

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16 JUL 25 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA