

P160000064685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

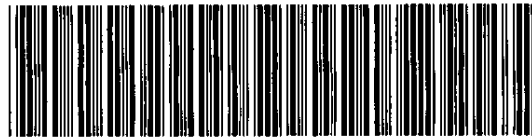
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/08/16--01007--011 **70.00

SECRET
TALMADGE FLORIDA

16 AUG - 8 PM 1:15

SECRET
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NOT RECORDED
SUFFICIENCY OF FILING

16 AUG - 8 AM 11:44

RECEIVED
SECRET

8/8/16

COVER LETTER

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

SUBJECT: Stow + tow 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: Brian Dunn
Name (Printed or typed)

P.O. Box 132
Address

Lloyd Fla. 32337
City, State & Zip

850-567-5684
Daytime Telephone number

BdunnLLC@yahoo.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 AUG - 8 PM '16

APPROVED
AND
FILED

NOTE: Please provide the original and one copy of the articles.

RECEIVED
AND
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ARTICLES OF INCORPORATION

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

16 AUG -8 PM 12:16

ARTICLE I NAME

The name of the corporation shall be:

Stow + tow Inc.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8626 Old Lloyd Rd
Monticello, Fla. 32344

P.O. Box 132
Lloyd Fla. 32337

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Towing of vessels
and storing of vessels

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Brian Dunn

Name and Title:

Address

P.O. Box 132
Lloyd FL 32337

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

APPROVAL
AND
FILED

16 AUG -8 PM 2:16

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

SECRETED BY STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Brian Dunn
Address: 8626 Old Lloyd Rd
Monticello Fla 32344

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brian Dunn
Address: 8626 Old Lloyd Rd.
Monticello Fla 32344

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

[Signature]
Required Signature/Registered Agent

8-8-16
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.

[Signature]
Required Signature/Incorporator

8-8-16
Date