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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : BLANCO ACCOUNTING I, INC.  
Account Number : 120100000060  
Phone : (305) 828-1148  
Fax Number : (305) 828-1709

**\*\*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

Quality Towing, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	61
Estimated Charge	\$70.00

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Corporate Filing Menu

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November 1, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

BLANCO

SUBJECT: QUALITY TOWING SERVICE, INC.,  
REF: W16000074060

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

L16000012757-QUALITY TOWING SERVICES, LLC,

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

FAX Aud. #: H16000268999  
Letter Number: 916A00023474

P.O. BOX 6327 - Tallahassee, Florida 32314

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

**ARTICLE I NAME**

The name of the corporation shall be: QUALITY TOWING, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1350 SW 122 AVE APT 123

MIAMI FL 33184

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: PEDRO A SANCHEZ PRESIDENT

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

Address 1350 SW 122 AVE APT 123

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

MIAMI FL 33184

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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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: PEDRO A SANCHEZ  
Address: 1350 SW 122 AVE APT 123  
MIAMI FL 33184

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: PEDRO A SANCHEZ  
Address: 1350 SW 122 AVE APT 123  
MIAMI FL 33184

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10/31/2016 (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 10/31/2016  
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 10/31/2016  
Date