

**P17000059148**

**Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
ALL4ONE TOWING, CORP**

Certificate of Status	0
Certified Copy	1
Page Count	04
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July 11, 2017

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAZARUS CORPORATE FILING SERVICE, INC.

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SUBJECT: ALL4ONE TOWING, CORP  
REF: W17000056897

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

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The document number of the name conflict is P06000033172 ACT  
ALL4ONE TOWING, CORP.

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

DANIEL L O'KEEFE  
Regulatory Specialist II

FAX Aud. #: H17000179815  
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Florida Department of State

Attention: New Filing Section

To whom it may concern:

This is to advise you that the owners of ALL4ONE Towing, Corp of Doc # P06000033172 are the same owners if the attached articles of the company. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,

OSCAR GOMEZ

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TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME** ALL4ONE TOWING CORP  
The name of the corporation shall be:**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

3188 NW 45 ST

MIAMI, FLA. 33142

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: GENERAL PROFIT CORPORATION

**ARTICLE IV SHARES** 100  
The number of shares of stock is:**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: OSCAR GOMEZ (PRESIDENT)

Name and Title:

Address

3188 NW 45 ST

Address:

MIAMI, FLA. 33142

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FLORIDA

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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: OSCAR GOMEZ  
Address: 3188 NW 45 ST  
MIAMI, FLA. 33142

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

Name: OSCAR GOMEZ  
Address: 3188 NW 45 ST  
MIAMI, FLA. 331452


**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 days prior or 90 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

7-10-17  
\_\_\_\_\_  
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

7-10-17  
\_\_\_\_\_  
Date

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