Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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|-------------|--|---------|----------|
| To: | | | 123 |
| | Division of Corporations | (i) }." | 1 |
| | Fax Number : (850)617-6381 | | - |
| | ,, | | <u> </u> |
| From: | | | |
| | Account Name : LAZARUS CORPORATE FILING SERVICE, INC. | | |
| | Account Number : I2 0000 00019 | | r.s |
| | Phone : (305)552-5973 | | മ |
| | Fax Number : (305)675-5944 | | |
| ann | the email address for this business entity to be used for wall report mailings. Enter only one email address please. | | |
| Ena | il Address: | | |

FLORIDA PROFIT/NON PROFIT CORPORATION COUSIN TOWING INC.

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

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Corporate Filing Menu

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PAGE 02/03

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

| ARTICLE I NAME: The name of the corporation is: | |
|--|-------------|
| Cousin Towing Inc. | |
| ARTICLE II PRINCIPAL OFFICE: | <u> </u> |
| The principal street address and mailing address is: | |
| Cape Coral FL 33993 | |
| | |
| MOTE III . OVYADDO M b f.b f. b | |
| ICLE III SHARES: The number of shares of stock is: \ \ \C | <u> </u> |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: | |
| ARAMI Carrillo (P) | ~ |
| Osmelus Luis (VP) | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| RTICLE V INITIAL REGISTERED AGENT AND STREET ADD | _ |
| name and Florida street address (PO Box not acceptable) of the registered | _ |
| name and Florida street address (PO Box not acceptable) of the registered | _ |
| name and Florida street address (PO Box not acceptable) of the registered Arami Carrillo 710 NW 3rd ST | agent is |
| name and Florida street address (PO Box not acceptable) of the registered | agent is |
| name and Florida street address (PO Box not acceptable) of the registered Arami Carrillo 710 NW 3rd ST Cape Caral FL 339 | agent is |
| name and Florida street address (PO Box not acceptable) of the registered Arami Carrillo To Nw 3rd ST Cape Caral FL 339 TICLE VI INCORPORATOR: The name and address of the incorporations of the cape incorporation of the cape incorporation of the cape incorporation. | agent is |
| name and Florida street address (PO Box not acceptable) of the registered Arami Carrillo 710 NW 3rd ST Cape Coral FL 339 TICLE VI INCORPORATOR: The name and address of the Incorporation (Carrillo) | agent is |
| name and Florida street address (PO Box not acceptable) of the registered Arami Carrillo To Nw 3rd ST Cape Caral FL 339 TICLE VI INCORPORATOR: The name and address of the incorporations of the cape incorporation of the cape incorporation of the cape incorporation. | agent is |

H18000042671

Required Signatures:

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

Registered Agent

02/05/18 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.

Incorporator

02/05/18 Date