

P18000039913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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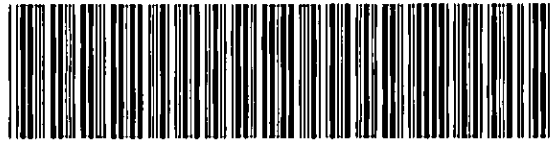
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/04/18--01001--004 **78.75

FILED
2018 MAY -3 PM 11:26
U.S. DISTRICT COURT
NORTH DAKOTA
GRAND FORK

2018 MAY -3 PM 4:18
U.S. DISTRICT COURT
NORTH DAKOTA
GRAND FORK

COVER LETTER

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

SUBJECT: 5 Star Towing INC. ~~LLC~~
(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: Bill Grant
Name (Printed or typed)

1620 N Jefferson HWY
Address

Monticello FL 32344
City, State & Zip

850-997-0622
Daytime Telephone number

bill grant 385@gmail.com
E-mail address: (to be used for future annual report notification)

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

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: S. Star Towing INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1620 N Jefferson Hwy
Monticello, Fl. 32344

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: profit business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bill Grant

Name and Title: PCEO

Address: 1620 N Jefferson Hwy
Monticello, Fl.

Address:

Name and Title: Kimberly A. Grant

Name and Title: VP

Address: 1620 N. Jefferson Hwy
Monticello Fl 32344

Address:

Name and Title: Kimberly J. Grant

Name and Title: VP T

Address: 1620 N. Jefferson Hwy
Monticello, Fl. 32344

Address:

FILED
2010 MAY -3 PM 11:26
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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: Bill Grant
Address: 1620 N Jefferson HWY
Monticello, FL 32344

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bill Grant
Address: 1620 N Jefferson HWY
Monticello, FL 32344

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/1/18 (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

[Signature]
Required Signature/Registered Agent

5/3/18
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.

[Signature]
Required Signature/Incorporator

Date