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DEPT OF STATE
2018 OCT 24 PM 2:27
TREASURY OF STATE
TALLAHASSEE, FLORIDA
18 OCT 24 PM 2:18

COVER LETTER

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

SUBJECT: Certified Recovery Towing 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: Diana Crawford.
Name (Printed or typed)

1649 Emerson St.
Address

Jacksonville, FL 32207
City, State & Zip

(904) 729-1845
Daytime Telephone number

diana1.cr+@outlook.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:

Certified Recovery Towing Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1649 Emerson St
Jacksonville, FL 32207

same

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:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Diana Crawford / Pres.

Name and Title:

Benjamin Crawford / Pres.

Address

1649 Emerson St

Address:

1649 Emerson St

Jacksonville, FL 32207

Jacksonville, FL 32207

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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CLERK OF STATE
TALLAHASSEE, FL 32309

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: Diana Crawford
Address: 1649 Emerson St
Jacksonville, FL 32207

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Diana Crawford
Address: 1649 Emerson St
Jacksonville, FL 32207

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

Diana Crawford
Required Signature/Registered Agent

10/24/18
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.

Diana Crawford
Required Signature/Incorporator

10/24/18
Date