

PIB000102860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

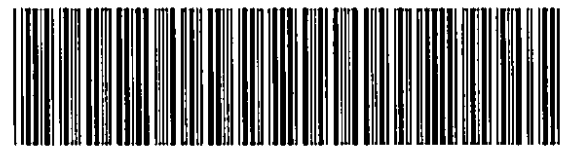
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 27 118  
T SCHROEDER

COVER LETTER

TO: Charter Section  
Division of Corporations

SUBJECT: LUGO TOWING & Recovery INC.  
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Jose Lugo  
Contact Person

Lugo Towing & Recovery INC  
Firm/Company

1301 Woods Edge Ct.  
Address

Minneola FL 34715  
City, State and Zip Code

Jose 1209 @ yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose LUGO at ( 321 ) 337-4386  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$122.50 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |
|---|---|---|--|

**STREET ADDRESS:**

New Filings Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filings Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Profit Corporation**

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

LUGO TOWING & Recovery LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a INC 118-2091639  
(Enter entity type. Example: limited liability company, limited partnership,  
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida  
(Enter state, or if a non-U.S. entity, the name of the country)

on 8.31.2018  
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

LUGO TOWING & Recovery INC

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: 12.14.18

(The effective date: Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

**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.

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Signed this 14 day of December, 2018.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator:

Printed Name: Jose Lugo Title: PRESIDENT

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: J. Lugo

Printed Name: Jose Lugo Title: Managing Member

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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TALLAHASSEE, FLORIDA  
10

**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: LUGO TOWING & Recovery INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address:

1301 Woods Edge Ct.  
Minneola FL 34715

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TOWING Industry

**ARTICLE IV SHARES**

Number of shares of stock is: 10,000

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

Name and Title: Josue Lugo - President Name and Title:

Address: 1301 Woods Edge Ct. Address:

Minneola FL 34715

Name and Title: Helixa Novo - Secretary Name and Title:

Address: 1301 Woods Edge Ct. Address:

Minneola FL 34715

Name and Title: Luis Delgado - Treasurer Name and Title:

Address: Address:

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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Jose Lugo  
Address: 1301 Woods Edge Ct.  
Minneola FL 34715

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jose Lugo  
Address: 1301 Woods Edge Ct.  
Minneola FL 34715

\*\*\*\*\*

*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*

J. Lugo

Required Signature/Registered Agent

12.14.18

Date

*submit this document and affirm that the facts stated herein are true. I am aware that any 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.*

J. Lugo

Required Signature/Incorporator

12.14.18

Date

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TALLAHASSEE, FLORIDA

28