

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
LA CUMBRE TOWING INC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

2019 MAR - 7 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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3/17/2019

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: LA CUMBRE TOWING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2023 NW 35TH ST

2023 NW 35TH ST

MIAMI, FL 33142

MIAMI, FL 33142

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TOWING SERVICE

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LAZARO R. GARCIGA

Name and Title:

Address 2023 NW 35TH ST

Address:

MIAMI, FL 33142

PRESIDENT

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

SECRETARY OF STATE
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: LAZARO R. GARCIGA
Address: 2023 NW 35TH ST
MIAMI, FL 33142

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LAZARO R. GARCIGA
Address: 2023 NW 35TH ST
MIAMI, FL 33142

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: MARCH 06, 2019 (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

X _____
Required Signature/Registered Agent

MARCH 06, 2019
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.

X _____
Required Signature/Incorporator

MARCH 06, 2019
Date