

P 19000075019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

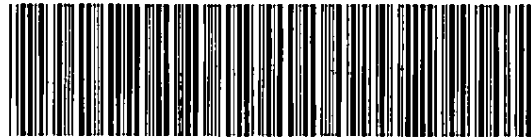
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800333416398

FILED

FILED  
2019 OCT -7 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N SAMS

OCT 07 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 27, 2019

ADELAIDA RODRIGUEZ  
1131 LAKE VIEW DR.  
ALTAMONTE SPRINGS, FL 32714 US

SUBJECT: AIRBORNE TOWING INC.  
Ref. Number: W19000087032

FILED  
2019 OCT -7 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

We have received your document for AIRBORNE TOWING INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is .

P16000090315

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams  
Regulatory Specialist II

Letter Number: 219A00019943

2019 OCT -7 AM 7:54

## COVER LETTER

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

SUBJECT: Airborne 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: Adelaida Rodriguez

Name (Printed or typed)

1131 Lake View Dr.

Address

Altamonte Springs FL 32714

City/State & Zip

(321) 356-8872

Daytime Telephone number

AdeTorres58@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: Air borne Towing, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

269 Anchor Rd. suite 200  
Casselberry FL. 32707

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide towing  
service. Towing Company

ARTICLE IV SHARES

The number of shares of stock is: 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William Rodriguez (P) Name and Title:

Address: 296 Anchor Rd. Address:  
suite 200, Casselberry  
FL. 32707

Name and Title: Jessica Rodriguez (Agent) Name and Title:

Address: 889 litter band Rd. Address:  
Altamonte Springs  
FL. 32714

Name and Title: Name and Title:

Address: Address:

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:

Address:

Adelaida Rodriguez  
1131 Lake view Dr.  
Altamonte Springs FL 32714

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name:

Address:

William Rodriguez Sr.  
296 Anchor Rd. suite 200  
Casselberry FL 32707

**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*

  
Required Signature/Registered Agent

9-10-2019  
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.*

  
Required Signature/Incorporator

9-10-2019  
Date

FILED  
2019 OCT - 7 AM 9:14  
SECRETARY OF STATE  
TALLAHASSEE, FL

9-10-2019

Attention: Dept. of State  
New Filing Section

Subject: This is to inform that  
there are not changes  
been made at Airborne  
Towing Inc. at this time.

Thank you,  
Sincerely, Adalaida Rodriguez