

L20000059183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

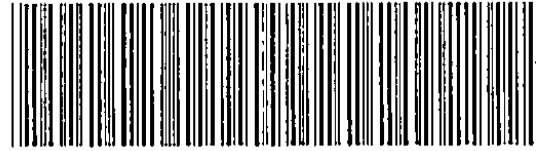
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/05/20--01004--019 **

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2020 AUG -5 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

• 5 0 • 1220

CAPITAL CONNECTION, INC. .

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LOSA TOWING CORP

Signature _____

Requested by: SETH

08/05/20

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

____ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

COVER LETTER

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

SUBJECT: **LOSA TOWING CORP**

(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: **JESUS H LOSA**

Name (Printed or typed)

1014 SW 143 PL

Address

MIAMI, FL 33184

City, State & Zip

305-742-8928

Daytime Telephone number

MAYDEL@ACGTAXSERVICES.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: **LOSA TOWING CORP**

ARTICLE II PRINCIPAL OFFICE

Principal street address

JESUS H LOSA

1014 SW 143 PL

MIAMI FL 33184

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **JESUS H LOSA - P**

Address: **1014 SW 143 PL**

MIAMI FL 33184

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: **JUAN A LINARES**

Address: **4155 SW 130 AVE SUITE 110**

MIAMI FL 33175

ARTICLE VII INCORPORATOR

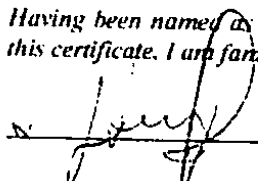
The name and address of the Incorporator is:

Name: **JUAN A LINARES**

Address: **4155 SW 130 AVE SUITE 110**

MIAMI FL 33175

*Having been named as registered agent to accept service of process for the above stated corporation at the place designa
this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

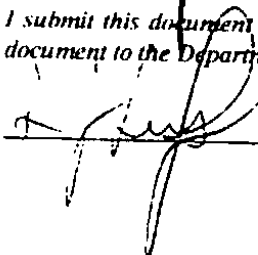


Required Signature/Registered Agent

08/04/2020

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitte
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*



Required Signature/Incorporator

08/04/2020

Date

2020 AUG -5 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA