

12/2/2020

P20000096439

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H200004119053))



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

From:
Account Name : ARTCON PROFESSIONAL SERVICES INC
Account Number : 120200000176
Phone : (561)301-0347
Fax Number : (866)213-3353

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
CR Towing Inc

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

FILED
20 DEC -2 PM 3:31
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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DEC 15 2020

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

H200004119053

ARTICLE I NAME

The name of the corporation shall be: CR TOWING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

4229 PARK LANE

West Palm Beach FL 33406

Mailing address, if different is:

4229 PARK LANE

West Palm Beach FL 33406

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARLOS PLASENCIA

Name and Title: PRESIDENT

Address

4229 PARK LANE

Address:

West Palm Beach FL 33406

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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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: ARTCON PROFESSIONAL SERVICES

Address: 16700 E PREAKNESS DR

Loxahatchee, FL, 33470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CARLOS PLASENCIA

Address: 4229 PARK LANE

West Palm Beach, FL 33406

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12-03-2020 (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

[Signature]
Required Signature/Registered Agent

12-03-2020
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.

[Signature]
Required Signature/Incorporator

12-3-2020
Date

COVER LETTER

H200004119053

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

SUBJECT: CR 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
--	--

FROM: ARTCON PROFESSIONAL SERVICES

Name (Printed or typed)

16700 E PREAKNESS DR

Address

Loxahatchee, FL 33470

City, State & Zip

5613010347

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.