

P21000022622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



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MAIL

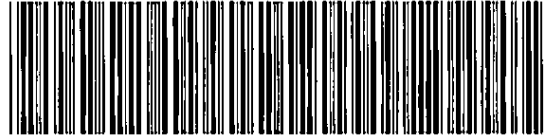
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/15/21--01001--011 **79.75

2021 MAR 12 PM 4:41

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COVER LETTER

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

SUBJECT: BILY 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: ALL AMERICAN PERMITS LLC
Name (Printed or typed)

6801 NW 77TH AVE SUITE 103
Address

MIAMI FL 33166
City, State & Zip

305-501-4791
Daytime Telephone number

PERMITS2009@LIVE.COM
E-mail address: (to be used for future annual report notification)

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

Sandra 850 322 7898

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: BILY TOWING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

11378 W FLAGER ST UNIT 101

MIAMI FL 33174

Mailing address, if different is:

11378 W FLAGER ST UNIT 101

MIAMI FL 33174

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: RAFAEL LEYVA / PRESIDENT

Name and Title: _____

Address 11378 W FLAGER ST UNIT 101

Address: _____

MIAMI FL 33174

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: RAFAEL LEYVA
Address: 11378 W FLAGLER ST UNIT 101
MIAMI FL 33174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RAFAEL LEYVA
Address: 11378 W FLAGLER ST UNIT 101
MIAMI FL 33174

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/11/2021. (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 03/11/2021
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 03/11/2021
Date