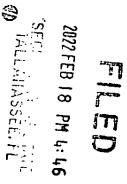
## P22000012316

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
Thursday Falik Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u></u>





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2022 FEB | 8 PH |: 53

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 2/18/2022

NAME: CURRY TOWING, INC.

TYPE OF FILING: ARTICLES

COST:

87.50

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE A Holge

## **COVER LETTER**

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

SUBJECT:	Curry To	WING, INC.
	(PROPOSED CORPORA	TE NAME MUST INCLUDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	icles of incorporation and a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED
FROM:	Bernard	(Printed or typed)
	Dania B	Address  EACH FL 33004  State & Zip
	772-	530 - 1937 elephone number
	Dey Zut	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 1 NAME The name of the corporation	shall be: CUTTY	Towing	INC	
ARTICLE II PRINCIP.	AL OFFICE ncipal street address TEMACE 33004		iling address, if different is:	TAC EC 338
ARTICLE III PURPOSI The purpose for which the	g corporation is organized is:			
			SECTION SECTION	
	OFFICERS AND/OR DIRECTORS	Phesident	FEB 18 PM 4: 46	
Name and Title:_ Address	へし ぐいっや デル	Name and Title: Address:		
	·	Name and Title:_		
-		 		

	Name and Title	: <u> </u>		_ Name and Title:		
	Address			Address:		<del>-</del>
				_		<del></del>
		STERED AGENT	v NOT accentable) c	of the registered agent is:		
Name:	ne and Fiorida	enura (	OM	or the registered agent is.		
	<del>-</del>	716 SW 7t	h Terr	<del></del>		
Addres	s: <u> </u>	DAVIG De	1	<del>_</del>		
	_~	SITUIA DE	3300	<del>-</del> 4	•	
ARTIC	LE VII INCO	RPORATOR		•		
The na	ne and address	of the Incorporator is:	_			
Nan	ie; _	Bernard	wrry	_		
Ad	dress:	216 SW 7	th Tell	<del>-</del> -		
		DANA U	gach Fi			
			'33 <i>0</i> 0	ey		
Effectiv	e date, if other	ECTIVE DATE: than the date of filing:	//1/27	(OPTIC		
(If an e filing.)	ffective date is	listed, the date must I	be specific and cann	ot be more than five d	lays prior or 90 day	/s after t
Note:	If the date inser	ted in this block does n	ot meet the applicabl	e statutory filing require	ements, this date wil	ll not be l
the doc	iment's effectiv	ve date on the Departme	ent of State's records	· ·		
				for the above stated corp		designati
certific	ite, I am familia	1 ~	_	ered agent and agree to	act in this capacity i	1.1
(*	RINA	a UT	Registered Agent			