Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000199833 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BOOKKEEPING DONE RIGHT INC

Account Number : I20200000064 Phone : (786)566-7026 Fax Number : (205)881-1104

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## FLORIDA PROFIT/NON PROFIT CORPORATION

**Hook & Book Towing Corp** 

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 11      |
| Page Count            | 01      |
| Estimated Charge      | \$78.75 |

Electronic Filing Menu Corporate Filing Menu

Help

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

| ARTICLE II PRINCIPAL OFFICE  Principal street address  17360 SW 232° St. Lot 53  Miami, FL 33170  ARTICLE III PURPOSE  The purpose for which the corporation is organized is: QNY and all |        | address, if different |                   |   |
|---|--------|-----------------------|-------------------|---|
| ARTICLE III PURPOSE  The purpose for which the corporation is organized is:   Ony and all   | 1awfu1 | business.             |                   |   |
|   |        |                       |                   |   |
|   |        |                       |                   |   |
| ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Ord, Name and T   | Citle: | odbood A.             | 2022 JUN -8 PH 2: | • |
| Address 17360 SW 232°C St Lat53 Address: Miami, FL 33170  |        |                       | 06                |   |
| Name and Title: Name and T  Address Address:  |        |                       |                   |   |
| Name and Title: Name and T  Address Address:  |        |                       |                   |   |

| Name and Title:   | Name and Title:                       |                                 |
|---|---------------------------------------|---------------------------------|
| Address   | Address:                              |                                 |
|   | <del></del>                           |                                 |
| <del></del>   |                                       |                                 |
|   |                                       |                                 |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable)   | ) of the registered agent is:         |                                 |
| Name: Nancy Oro   | , or one regional again. Is:          |                                 |
| Address: 17360 SW 232nd St Lo   | <br>+53                               |                                 |
| Miami, FL 33170   |                                       |                                 |
|   |                                       |                                 |
| ARTICLE VII INCORPORATOR  |                                       |                                 |
| The <u>name and address</u> of the Incorporator is:   |                                       |                                 |
| Name: Nancy Oro   |                                       |                                 |
| Address: 17360 SW 232nd St.   | <u>hor53</u>                          | 2022                            |
| Miami FL 33170  |                                       | JUN                             |
| ARTICLE VIII EFFECTIVE DATE:  |                                       | - 80                            |
| Effective date, if other than the date of filing: 10 · 10 · 20  |                                       | P !!                            |
| (If an effective date is listed, the date must be specific and car filing.)   | mot be more than five days prio       | r or 90 days after the          |
| Note: If the date inserted in this block does not meet the applical   | hle statutory filing requirements, t  | his date will not be listed as  |
| the document's effective date on the Department of State's record   |                                       |                                 |
| Having been named as registered agent to accept service of proces   | is for the above stated corporation ( | at the place designated in this |
| certificate, I am familiar with and accept the appointment as regis   | stered agent and agree to act in this | s capacity                      |
| of Jancy Oro  |                                       | 6.7.2022                        |
| Required Signature/Registered Agent   |                                       | Date                            |
| I submit this document and affirm that the facts stated herein a document to the Department of State constitutes a third degree fel |                                       |                                 |
| Maray Om  |                                       | 1. 7. 2022                      |
| Required Signature/Incorporator   | Date                                  | 6.7.2022                        |

Fax: (850) 617-6381

Page: 4 of 4

06/08/2022 12:02 PM

From: AYLEN ARMAS-OCEJO Fax: 12058811104

To: