

P24000005687

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : ACOSTA ESTEVEZ PROFESSIONAL SERVICES
Account Number : I20230000138
Phone : (305)592-5240
Fax Number : (305)592-5535

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

Email Address: acostaestevarezacct@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
CF 12 TOWING CORP

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$70.00

T.J.H

1/25/24

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COVER LETTER

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

SUBJECT: CF 12 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: CF 12 TOWING CORP
Name (Printed or typed)

3166 SW 155TH AVE
Address

MIAMI, FL 33185
City, State & Zip

305-592-5240
Daytime Telephone number

acostaestevezacct@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.SECRET
TALLAHASSEE, FLORIDA

2024 JAN 24 PM 4:10

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: CF 12 TOWING CORPARTICLE II PRINCIPAL OFFICEPrincipal street address3166 SW 155TH AVE
MIAMI, FL 33185

Mailing address, if different is:

3166 SW 155TH AVE
MIAMI, FL 33185ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

TOWING SERVICES

_____ARTICLE IV SHARESThe number of shares of stock is: 1000ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: CECILIA ELIZABETH FALZONE - PAddress: 3166 SW 155TH AVE
MIAMI, FL 33185Name and Title: GUSTAVO FERNANDO GRAZIANO - VPAddress: 3166 SW 155TH AVE
MIAMI, FL 33185

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CECILIA ELIZABETH FALZONE
Address: 3166 SW 155TH AVE
MIAMI, FL 33185

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: CECILIA ELIZABETH FALZONE
Address: 3166 SW 155TH AVE
MIAMI, FL 33185

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Cecilia Falzone
Required Signature/Registered Agent

1-23-2024
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.

Cecilia Falzone
Required Signature/Incorporator

1-23-2024
Date

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TALLAHASSEE, FLORIDA