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2025-06-24 17:03:48 GMT

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Division of Corporations

From: HUGO VARGAS

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUGO TAX PRO INCORPORATED

Account Number : T20250000089 Phone : (786)498-1018 Fax Number : (305)230-3872

\*\*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 TOWING BY CONCEPCION INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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  Mailing address, if different is:	
771110	
6448 W 11th Lane 6448 W 11th	Lane
Hialeah FL 33012 Hialeah FL 330	12
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Towing Service.	
ARTICLE IV SHARES The number of shares of stock is:	
Name and Title: Raudel Conception, PName and Title:	
Address 6448 W 11+4 Lane Address:	<del></del>
Hialeah FL 33012	<del></del>
Name and Title: Name and Title:	
Address: Address:	
	<b></b> -
Name and Title:	
Address:	
	<del></del>

Name and Title:	Name and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box Name: Hugo Tax F	no incorponated	
Address: 924 E 2	5 St L 33013	
<u>riiaieari :</u>	<u>C 33013</u>	
ARTICLE VII INCORPORATOR	·	
The <u>name and address</u> of the incorporator is:  Name: <u>Raudel Co</u>	ncepcion	
Address: <u>6448 W</u> <u>Hialeah</u> F	<del></del>	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be s filing.)		
Note: If the date inserted in this block does not not the document's effective date on the Department	neet the applicable statutory filing requirements, this date will not be listed as of State's records.	
certificate, I am familiar with and accept the appropriate	ervice of process for the above stated corporation at the place designated in this atment as registered agent and agree to act in this capacity	
Required Signature/Reg	istered Agent Date	
I submit this document and affirm that the facts document to the Department of State constitutes a	stated herein are true. I am aware that the false information submitted in a third degree felony as provided for in s.817.155, F.S.	
Required Signature/Incorporator	Date 6-24-25	
reconnect Signature meethoristor	17010	