# P97000084747

#### TRANSMITTAL LETTER

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

8000012306698--0 -09/29/97--01165--005 \*\*\*\*\*70.00 \*\*\*\*\*\*70.00

SUBJECT:	ALL STAR	TOWING &	RECOVERY,	INC.
-	(proposed	d corpora	te name)	

Enclosed please find an original and one (1) copy of the articles of incorporation of the above corporation and check in the amount of \$70.00.

FROM:	SHELDON L. PHILLIPS	
	Name	
	4801 SO. UNIVERSITY DRIVE, #232	9
	Address	ागहित् 97 SE 
	DAVIE, FL 33328	
	City, State & Zip	13 TAS
	( 954) 434-6791	AH.
	Telephone Number	ORATION

Note: Additional copy of articles is needed when certified copy is requested.

a 10/10/



#### **OF**

#### ALL STAR TOWING & RECOVERY, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

ALL STAR TOWING & RECOVERY, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5267 SW 123 AVENUE COOPER CITY, FL 33330

#### ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 shares at \$1.00 par

# ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

SHELDON L. PHILLIPS 4801 SO. UNIVERSITY DRIVE, #232 DAVIE, FLORIDA 33328

## ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MARIE M. MONTE 5267 SW 123 AVENUE COOPER CITY, FL 33330

The undersigned has(have) executed these Articles of Incorporation this  $\underline{26}$  day of  $\underline{\text{SEPTEMBER}}$ , 1997.

Marie m. monte



# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the corporation is: <u>ALL STAR TOWING</u> & RECOVERY, INC.
- 2. The name and address of the registered agent and office is:

SHELDON L. PHILLIPS 4801 SO. UNIVERSITY DRIVE, #232 DAVIE, FLORIDA 33328

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITIONS AS REGISTERED AGENT.

SIGNATURE

DATE SEPTEMBER 26, 1997

REGISTERED AGENT FILING FEE: \$35.00