TRANSMITTAL LETTER

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

			ANALON TO TAKE	
SUBJECT:	FLORIÓA TOWING & A	UTOMOTIVE, INC.		
50502011	(Proposed co	rporate name - must include	e suffix)	
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**	.,		x .	
Enclosed is an origina	l and one(1) copy of the articles	s of incorporation and a c	check for :	
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□ \$70.00	\$78.75	□\$122.50	\$131.25	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
rimig rec	& Certificate	& Certified Copy	Certified Copy	
	a commission		& Certificate	
		ADDITIONAL COPY REQUIRED		
•	*		,	1
FROM:	TOM GERALD EASTMAN		,	-
-	Name (P	rinted or typed)	*	-
201 DYER ROAD Address				
PORT ST. LUCIE, FLORIDA 34952 City, State & Zip				
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	774 070 2020		N N	98 OCT
	561-879-2828 Daytime Telephone number			22 ==
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NOTE: Please provide the original and one copy of the articles:

ARTICLES OF INCORPORATION

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

ARTICLE I

The name of the corporation shall be:

FLORIDA TOWING & AUTOMOTIVE, INC.

PRINCIPAL OFFICE ARTICLE II

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

201 DYER ROAD

PORT ST. LUCIE, FL. 34952

ARTICLE III SHARES

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

500

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

The name and Florida street address of the initial registered agent are:

TOM GERALD EASTMAN

201 DYER ROAD

PORT ST. LUCIE, FL. 34952 ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

TOM GERALD EASTMAN

201 DYER ROAD

PORT ST. LUCIE, FL. 34952

Signature/Incorporator

OCTOBER 20

(An additional article must be added if an effective date is requested.)

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 staputes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

OCTOBER 20, 1998

Signature/Registered Agent

Date