# P980001019SB TRANSMITTAL LETTER

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

-12/0	4 2 <b>7014901</b> 3/9801047012 *78.75 *****78.75
Enclosed is an original and one (1) copy of the articles of incorporation and a for:  \$70.00 \$78.75 \$122.50 \$131.25  Filing Fee Filing Fee Filing Fee, Certified Copy & Certificate & Certificate  \$78.75 \$\$ Filling Fee & Certified Copy & Certificate	=
FROM: Joseph Moffo Jr.  Name (printed or typed)	 
Address  Address  Tacksonville, Fl. 32225  City, State & Zip  Paytime Telephone number	FILED  98 DEC -3 PM II: 48  DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

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### ARTICLES OF INCORPORATION

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:

Anthony's Towing And Rocovery Inc.

#### ARTICLE II PRINCIPAL OFFICE

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

mailing:

10556 Lone Stor Rd.

Jacksonville, Fl. 32225

Jacksonville, FL 32246 9848 Beach Blud Physical :

ARTICLE III SHARES

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

Shares

#### INITIAL REGISTERED AGENT AND STREET ADDRESS **ARTICLE IV**

and INCORPORATOR

The name and address of the initial registered agent is:

Joseph Moffo Jr. 10556 Lone Star Rd. Jacksonville FL 32225

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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: Anthony's Towing A	nd Reco	very	Inc
			<del></del>	
2.	The name and address of the registered agent and office is:	<b></b>		
		98 DI 10 PG 10 PG		
	Joseph Moffo Jr. (Name)	I OF UD		
	10556 Lone Stor Rd. (P.O. Box not acceptable)	PHII: 48 IN ORATIO E, FLORIDA		
	Jacksonuille FL. 32225 (City/State/Zip)	TIONS	÷	<b>-</b> -

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 position as registered agent.

(Signature) 11-30-98
(Registered Agent

Incorporator