8000035 Florida Department of State

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FOREIGN PROFIT/NONPROFIT CORPORATION LOWCOUNTRY UNLIMITED, INC.

Certificate of Status	0
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N. CAUSSEAUX

AUG 33 2018

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

"Inc.," "Co.," "C	corporation: must include "INCORPORA" (orp," "Inc," "Co," or "Corp.")	TED," "COMPANY," "CORPORATION,"	
(If name unavail	able in Floridz, enter alternate corporate n	name adopted for the purpose of transacting business in Florida)	
SOUTH CAROL		7 45-2379128	
	under the law of which it is incorporated		
06/03/2011	,	(a by manage, it apapeable)	
	of incorporation)	5. Perpetual	
		(Date of duration, if other than perpetual)	
Upon Qua		ess in Florida, if prior to registration)	
	L PKWY, NORTH CHARLESTON, SC 29 (Pr NORTH CHARLESTON, SC 26423	9418 rincipal office address)	2918 AUG
	20 1011 00 20420		G
		nating address, if different)	, .
Name and street Name:	address of Florida registered agent: Salvatore Bisulca	,	-2 PH 4:
Name and street	(Current re address of Florida registered agent:	,	-2 PH
Name and street	address of Florida registered agent: Salvatore Bisulca	,	-2 PH 4:

accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the pravisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

P. 003 FAX No. AUG/02/2018/THU 01:39 PM 11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: __ Vice Chairman: Address: Address: _____ **B. OFFICERS** President: LAUREN CLEARY Address: 224 RABBIT RUN LANE SUMMERVILLE, SC 29486 Vice President: SALVATORE BISULCA Address: 96 COLECHESTER IN. PALM COAST, FL 32137 Secretary: Address: ____ NOTE://If necessary, you may anach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

(Typed or printed name and capacity of person signing application)

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

LOWCOUNTRY UNLIMITED, INC.,

a corporation duly organized under the laws of the State of South Carolina on June 3rd, 2011, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 2nd day of August, 2018.

Mark Hammond, Secretary of State