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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOWE INVESTMENT PROPERTIES, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRUCE LOWE
(Name of Person)

LOWE INVESTMENT PROPERTIES, LLC
(Firm/Company)

1376 QUARTZ HILL LN.
(Address)

ESCONDIDO, CA 92027
(City/State and Zip Code)

For further information concerning this matter, please call:

BRUCE LOWE at (724) 469-3776
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LOWE INVESTMENT PROPERTIES, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

9951 ATLANTIC BLVD.
STE 301
JACKSONVILLE, FL 32225

Mailing Address:

1376 QUARTZ HILL LN.
ESCONDIDO, CA 92027

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

WILLIAM BRUCE LOWE
Name

9951 ATLANTIC BLVD. Ste 301
Florida street address (P.O. Box **NOT** acceptable)

JACKSONVILLE FL 32225
City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 608, F.S.

W Bruce Lowe
Registered Agent's Signature

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(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

WILLIAM BRUCE LOWE
3700 S. WESTPORT AVE. #2123
SIoux FALLS, SD 57106

MGRM

MARILINDA L. LOWE
3700 S. WESTPORT AVE. #2123
SIoux FALLS, SD 57106

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

W. Bruce Lowe
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

WILLIAM BRUCE LOWE
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)