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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·	
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PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificate:	s of Status	
Special Instructions to	Filing Officer:		
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WITHORIZATION BY PHONE TO			
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DIVISION OF CORPORATIONS

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B. Textbook JUL 26 2006

COVER LETTER '

TO: Registration Se Division of Co			,
SUBJECT: Lac		stments L.L.C d Liability Company)	••
The enclosed Articles of	f Organization and fee(s) are s	uhmittad for filina	
	ondence concerning this matte	_	
r lease return an corresp	ondence concerning has made	or to the following.	
	onna J Low	Name of Person)	
		•	
la	in Law Invi	estments, L.L.	C.
	(Firm/Company)	
ز	3517 8th Av	L N	
		(Address)	
S	t. Petersbura	FL 33713 /State and Zip Code)	
	City.	/State and Zip Code)	
For further information	aanaamina thia mattan ulassa	aall:	
roi iuibiei illioilianoii	concerning this matter, please	can.	
Donna	d. Low	at (727) 327.	3734
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee		\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compar	ny is:	
Low & Low Inve		
(Must end with the words "Limited Liability Company,"	"Limited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited Liability Compa	ıny is:
Principal Office Address:	Mailing Address:	
3517 8th Are North St Petersloung FL 33713	3517 84 Ave North St Petersburg FL 33713	
	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another	-
The name and the Florida street address of	f the registered agent are:) Vis
	Name Johns J. Law	CRETAR SION OF C
3517 8th	Ave North eet address (P.O. Box NOT acceptable)	CORPORATIONS
St Petersburg	FL 33743 State, and Zip	ATIONS 1: 31
Having been named as registered agent ar liability company at the place designate	nd to accept service of process for the above stated li ed in this certificate, I hereby accept the appointment apacity. I further agree to comply with the provisions	t 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Johns J. Law 3517 8th AVEN
Pres.	St Petersburg FL 33713 Scott A. Law 3517 8th Ave N St Petersburg FL 33713
	
	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days pri
REQUIRED SIGNATURE:	

Signature of a member or an authorized representative of

(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.)

Scort A. LA L. Typed or printed name of signee

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)