Page 1 of t

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000051154 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Pax Number

: (850)617-6383

From:

Account Name : RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSBLL, P.A.

Account Number : 076077000521 Phone

: (954)527-2428

: (954)333-40**2**\$

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

FLORIDA LIMITED LIABILITY CO.

Lowry Development, LLC

mounty more parenty conse					
Certificate of Status	1				
Certified Copy	0				
Page Count	01				
Estimated Charge	\$130.00				

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

2/25/2011



Ruden, McClosky 200 East Broward Boulevard Fort Lauderdale, Florida 33301 (954) 764-6660 Main Office (954) 764-4996 Main Fax

Fax Cover Sheet

To:	FL SOS Division of Corporations		
Company:			
Date:	3/2/2011 3:29:24 PM		
Fax Number:	18506176383	Pages:	5
From:	Sallee, Anne E.		
Direct Phone:	(954) 527-2428	Direct Fax:	(954) 333-4028
Client:	50483	Matter:	0001

COVER LETTER

TO:	Registration of	n Section Corporations				
SUBJE	CT: LOV	WRY DEVELOPME	ENT, LLC			
	Name of Limited Liability Company					
The encl	losed Article	s of Organization and fee(s) ere	submitted for fil	ling.		
Please re	atum all con	espondence concerning this ma	tter to the follow	ing:		
_	Thoma	s Laudini	Name of Person			
ı	LOWR	Y DEVELOPMENT				
-	Pirm/Company					
	185 NE 4th Ave., #104					
_			Address			
Ō	elray B	each, FL 33483		· • · · · · · · · · · · · · · · · · · ·		
_	همامد بد		ty/State and Zip Ci	ode		
Ecutaia@seasidebuildersfla.com E-mail address: (to be used for future samual report notification)						
For further information concerning this matter, please call:						
Anne	E. Sallee	•	at (954	527-242	28	
	Na	me of Parson	Area Co	ode & Daytime 7	28 Felephone Number	
Enclose	d is a check	for the following amount:				
i 125 .00 I	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified C (additional c		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tellahassee, FL 32314	Rogistr Divisio Chiften 2661 E	Courier Addression Section on of Corporation Building Executive Contrasses, FL 3230	ons π Circle	

4/005 FAX SERVER
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 HAR -2 AM 8: 02

ARTICLES OF ORGANIZATION
OF
LOWRY DEVELOPMENT, LLC
a Florida Limited Liability Company

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

- 1. NAME. The name of the Limited Liability Company is: LOWRY DEVELOPMENT, LLC (the "Company").
- 2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing address for the Company is: 185 NE 4th Ave, Ste 104, Delray Beach, Florida 33483.
- 3. <u>REGISTERED AGENT</u>. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: CT CORPORATION SYSTEM at 1200 S. Pine Island Rd., Plantation, Florida 33324.

The undersigned has executed these Articles of Organization on the 25 day of February, 2011.

, Authorized Representative

CERTIFICATION OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- I. The name of the limited liability company is: LOWRY DEVELOPMENT, LLC.
- 2. The name and address of the registered agent and office is:

CT CORPORATION SYSTEM 1200 S. Pine Island Rd. Plantation, Florida 33324

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 its 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.

Registered Agent

Madonna Cuddihy Special Assistant Secretary) -52-1(

Date

11 MAB -2 AM 8: 02