

LI600012384

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

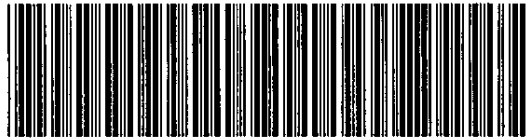
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~~W16 31228~~

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04/21/16--01025--009 \*\*78.75

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16 JUL -5 PM 4:17  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

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

SUBJECT: Tony Lowe Lacrosse, LLC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Tony Lowe  
Name (Printed or typed)

1024 W. Heritage Club Circle  
Address

Delray Beach, FL 33483  
City, State & Zip

561-504-1868  
Daytime Telephone number

Howe1280@yahoo.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 27, 2016

TONY LOWE  
1024 W. HERITAGE CLUB CIRCLE  
DELRAY BEACH, FL 33483

SUBJECT: TONY LOWE LACROSSE, LLC  
Ref. Number: W16000031228

We have received your document for TONY LOWE LACROSSE, LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 516A00008749

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be: Snipers Lacrosse INC

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ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
Mailing address, if different is:

1024 W. Heritage Club Circle

Delray Beach, FL 33483

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: youth lacrosse activities

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tony Lowe, President

Name and Title: \_\_\_\_\_

Address 1024 W. Heritage Club Circle

Address: \_\_\_\_\_

Delray Beach, FL 33483

Name and Title: Sarah Lowe, Vice President

Name and Title: \_\_\_\_\_

Address 1024 W. Heritage Club Circle

Address: \_\_\_\_\_

Delray Beach, FL 33483

Name and Title: Chris Testante, Secretary

Name and Title: \_\_\_\_\_

Address 3216 Lakeview Dr

Address: \_\_\_\_\_

Delray Beach, FL 33445

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
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Address: \_\_\_\_\_  
\_\_\_\_\_  
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: \_\_\_\_\_

Toni Lowe

Address: \_\_\_\_\_

1024 W. Heritage Club Circle

Del. Bch, FL 33483

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: \_\_\_\_\_

Toni Lowe

Address: \_\_\_\_\_

1024 W. Heritage Club Circle

Del. Bch, FL 33483

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

6/27/16

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*



Required Signature/Incorporator

6/27/16

Date