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DIVISION OF CORPORATION

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COVER LETTER

то:	New Filing Section Division of Corporations						
SURIF	Lowd Stucco & Home Inspections						
SUBJECT:Name of Limited Liability Company							
The encl	osed Articles of Organization and fee(s)	are submitted t	or filing.				
Please re	eturn all correspondence concerning this	matter to the fo	llowing:				
	Wayne Lowd						
Name of Person							
	Firm/Company						
	2656 Ivydale Drive						
	Address						
	Deltona, Florida 32725						
City/State and Zip Code sjw.2012.qxl@gmail.com							
E-mail address: (to be used for future annual report notification)							
For furthe	r information concerning this matter, plea	ase call:					
	Sally Lowd	386	848-7570				
	Name of Person	Area Code	Daytime Telephone Number				
Enclosed	I is a check for the following amount:						
] \$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certifie	Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314) E (2	itreet Address Jew Filing Section Division of Corporations Clifton Building 661 Executive Center Circle Callahassee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	Company is:						
Lowd Stucco & Home Inspections, LLC							
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")							
ARTICLE II - Address: The mailing address and street add	dress of the principal o	office of the Limited	Liability Company is:				
Principal Office Address:			Mailing Address:				
2656 Ivvdale Drive		2650	2656 Ivvdale Drive				
Deltona, FL 32725		Delt	Deltona, Fl 32725				
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:							
Wayne Lowd Name							
ivaine							
2656 Ivvdale Drive							
Florida street address (P.O. Box NOT acceptable)							
	Deltona	Florida	32725				
	City	State	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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager <u>AMB</u>R Sally Lowd 2656 Ivydale Drive Deltona, FL 32725 Sally Lowd MGR 2656 Ivydale Drive Deltona, Fl 32725 (Use attachment if necessary) _. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of 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. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Wayne Lowel Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State

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

constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Filing Fees:

\$ 5.00 Certificate of Status (Optional)

Wayne Lowd