

N20 00000 8381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

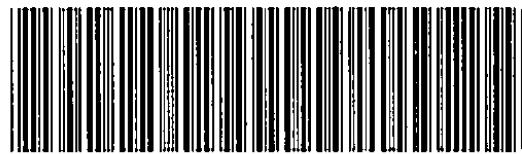
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/24/20--01028--005 4

STATE
OF FLORIDA

July 21 PH 3:30

Office Use Only

COVER LETTER

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

The LOW, Inc.

SUBJECT: _____
(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: NICOLE SOLOMON

Name (Printed or typed)

4300 JOG ROAD #541721

Address

LAKE WORTH, FL 33454

City, State & Zip

(561) 350-7575

Daytime Telephone number

NICOLEM73@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

06/23/2012 12:10:00 PM
FD-350 (Rev. 1-25-92)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S.. (Not for Profit)

ARTICLE I - NAME

The name of the corporation shall be: The LOW, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4300 JOG ROAD #541721

Mailing address, if different is:

LAKE WORTH, FL 33454

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SEE ATTACHED

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: AS IN BYLA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NICOLE SOLOMON - PRES/ TREAS

Name and Title: _____

Address: 4300 JOG ROAD #541721

Address: _____

LAKE WORTH, FL 33454

Name and Title: JASON ADAMS - SECRETARY

Name and Title: _____

Address: 4300 JOG ROAD #541721

Address: _____

LAKE WORTH, FL 33454

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

2020 JUL 21 PM 3:30

FLORIDA
STATE
PACIFIC
TIME
ZONE

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: NICOLE SOLOMON
Address: 4300 JOG ROAD #541721
LAKE WORTH, FL 33454

2020 JUL 21 PM 3:30
FLORIDA STATE
DEPARTMENT OF STATE
TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NICOLE SOLOMON
Address: 4300 JOG ROAD #541721
LAKE WORTH, FL 33454

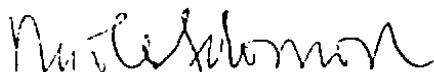
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 days after the

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed on 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 on the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

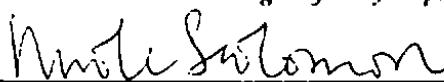


Required Signature of Registered Agent

06/29/2020

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in this document constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

06/29/2020

Date