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## TRANSMITTAL LETTER

Department of State Division of Corporations	50	10003125 -02/04/000 *****87.50	1113005
P. O. Box 6327 Tallahassee, FL 32314	. <u>-</u>	-	
SUBJECT: Lowell Distributors, Inc. (Proposed corporate name - must include suffix)			
Enclosed is an original and one(1) copy of the article	s of incorporation and a c	heck for:	ı
□ \$70.00 □ \$78.75 Filing Fee Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
ADDITIONAL COPY REQUIRED			
FROM: Andrew J. G. Name (Pri	raccia, Jr.	- , , , , , , , , , , , , , , , , , , ,	 
910 N.W. 22	nd Street	<del></del>	
Miami, FL City, S	33127		1984 Sheekiy (12 T 77 S.L.
(305) 324 Daytime Te	-0.5.46		. <u>.</u> <u>.</u>

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

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## ARTICLES OF INCORPORATION OF LOWELL DISTRIBUTORS, INC.



The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I

NAME

The name of the corporation shall be Lowell Distributors, Inc.

ARTICLES II

PRINCIPLE OFFICE

The principle place of business and mailing address of this corporation shall be:

910 N.W. 22<sup>nd</sup> Street

Miami, FL 33127-4239.

ARTICLE III

**SHARES** 

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 5000 (five thousand).

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Andrew J. Garcia, Jr., Attorney at Law

910 N.W. 22nd Street

Miami, FL 33127-4239.

ARTICLE V

INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Andrew J. Garcia, Jr.

910 N.W. 22nd Street

Miami, FL 33127-4239.

Having been named as registered agent and to accept service of process for the above stated corporation at the place designate 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

Signature of Registered Agent Date