P0300016020

| (Requestor's Name) | |
|---|-----------|
| (Address) | |
| (Address) | |
| (riddiess) | |
| (City/State/Zip/Phone #) | |
| PICK-UP VAIT MAIL | |
| (Business Entity Name) | <u></u> - |
| (Document Number) | |
| Certified Copies Certificates of Status | _ |
| Special Instructions to Filing Officer: | _ |
| | |
| | |
| | |
| | |
| Office Use Only | |



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02/11/03--01051--001

**87.50



TRANSMITTAL LETTER

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

| SUBJECT: | LOWE | RIVER | Holding | Corp. | | |
|----------|------|-------------|----------------|--------------|-------------|--|
| | (P | ROPOSED COI | RPORATE NAME - | - MUST INCLU | JDE SUFFIX) | |

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

□ \$70.00 □ \$78.75
Filing Fee Filing Fee

& Certificate of Status

□ \$78.75 **□** \$87.50

Filing Fee Filing Fee,

& Certified Copy Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:

DAVID LEBLANC
Name (Printed or typed)

4801 Lindon BLVD. 11A#607

DELRAY BEACH. FL. 33445
City, State & Zip

866 - 637 - 822 8 Daytime Telephone number

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

| ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, 1 | F.S. (Profit) | | | |
|---|-------------------------|------------|----------------|---------------------|
| ARTICLE INAME | <u></u> | | | |
| The name of the corporation shall be: | | | _ | |
| LOWE RIVER Holding Coff. | | | | D D |
| ARTICLE II PRINCIPAL OFFICE | | | | 37 mm |
| The principal place of business/mailing address is: | _ | • | · - | 田門 |
| 4801 Linton Blvd. 11A#607 | | | | 二等 |
| DELRAY BEACH FI. 33445 | | | | 프 |
| ARTICLE III PURPOSE | | | | ANIO: 47 |
| The purpose for which the corporation is organized is | = | | • • | |
| REAL ESTATE / PROFIT. | | | | 0, |
| 110111 | | | | |
| ARTICLE IV SHARES | | | | |
| The number of shares of stock is: | محترشته ت | | ٠ . | |
| 200 | - | | | |
| ARTICLE V INITIAL OFFICERS/DIRECTO | DPS (antic | n ar 11 | | |
| The name(s), address(es) and title(s): | Wes lobrio | <u>nuy</u> | 7.5 | |
| · · · · · · · · · · · · · · · · · · · | _ | | - | |
| DAVID LEBLANC PUS. DIANA LEBLANC V.P. | | | : | |
| DIANA LEBLANC V.P. | | | · | |
| ARTICLE VI REGISTERED AGENT | | | | |
| The name and Florida street address of the registered | dagent is: | | | |
| DAVID LEBLANC | - | | • • | |
| 235 VIA D. ESTE # 1607 | _ | | | |
| DELRAY BEACH. Fl. 33445 | _ | | | |
| ARTICLE VII INCORPORATOR | _ | | | |
| The name and address of the Incorporator is: | · | | • • | |
| DAVID LEBLANC | | | | |
| 235 VIA D. ESTE # 1607 | | | | |
| DECRMY BEACH . F1 33445 | ******** | ***** | ***** | ****** |
| Having been named as registered agent to accept service of proc certificate, I am familiar with and accept the appointment as regi | | | | ice designated in t |
| O^{-1} III | == | | , , | |
| Maurd folline | | ىم يىت | 2/11/03 | · |
| Signature/Registered Agent | _ | | Date / | ·• |
| (1) 1 /// · | - | | / | |
| Malled Millanc | | | 2/11/0 | <u> </u> |
| Signature/Incorporator | | | Date / | |