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(Requestor's Name)		
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(Address)		
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE
ALLAMASSE OF STATE

TRANSMITTAL LETTER

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

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

Filing Fee & Certified Copy

Filing Fee,

Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: CUBTIS LOWE & SON INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1302 HARRISON ST

JN-1550N UFILE FLOREDA

ZIP 32206

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE VII

The number of shares of stock is: | DO

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s): RHONDA LOWE

| 302 HARRISON WITH FLOAT DA

SACKSON WITH FLOAT DA

TAP 32206

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: CURTIS LOWE

1302 HARRISON 57

SACISSON UTILE FLORIDA

24932206

The name and address of the Incorporator is: CURES LOWE

1302 HARASSON ST

JACKSON VEHE FLOREDA 27932206

INCORPORATOR

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

Curtic Racine
Signature/Registered Agent

Date

3-7-03

Date

3-7-03

Signature/Incorporator

Date