

P04000056843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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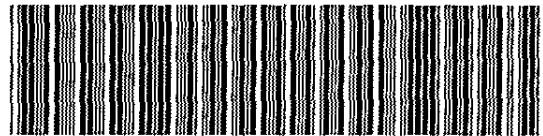
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 MAR 29 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Lowrie Wilson Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Lowrie Wilson Inc.

Name (Printed or typed)

6444 NW Foxglove Street

Address

Port St. Lucie, Florida 34986

City, State & Zip

(772) 871-9941

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, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Lowrie Wilson Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6444 NW Foxglove Street
Port St. Lucie, Florida 34986

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is organized for the purpose of transacting any or all lawful business under Florida law.

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Lowrie Wilson
6444 NW Foxglove Street
Port St. Lucie, Florida 34986
President/Owner

ARTICLE VI REGISTERED AGENT

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

Lowrie Wilson
6444 NW Foxglove Street
Port St. Lucie, Florida 34986

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lowrie Wilson
6444 NW Foxglove Street
Port St. Lucie, Florida 34986

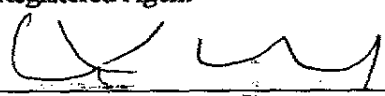
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

03/25/2004

Date



Signature/Incorporator

03/25/2004

Date

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TALLAHASSEE, FLORIDA

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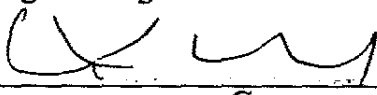
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