

P04000126656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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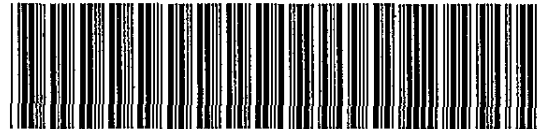
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/27/04--01014--016 **78.75

FILED
2004 SEP - 1 P 4: 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9
D. WHITE SEP - 2 2004

TRANSMITTAL LETTER

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

SUBJECT: JAMES D. LOWE CONSTRUCTION, 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 ☒ \$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: JAMES D. LOWE

Name (Printed or typed)

1604 sTOCKTON ST.

Address

JACKSONVILLE, FL. 32204

City, State & Zip

904 229-1781

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 30, 2004

JAMES D. LOWE
1604 STOCKTON ST
JACKSONVILLE, FL 32204

SUBJECT: JAMES D. LOWE CONSTRUCTION, INC.
Ref. Number: W04000032833

We have received your document for JAMES D. LOWE CONSTRUCTION, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Fill out the form in its entirety.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Document Specialist
New Filings Section

Letter Number: 104A00052668

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be:

JAMES D. LOWE CONSTRUCTION, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1604 STOCKTON ST.
JACKSONVILLE, FL. 32204

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JAMES D. LOWE - 1604 STOCKTON ST. JACKSONVILLE, FL. 32204 - PRESIDENT

ARTICLE VI REGISTERED AGENT

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


JAMES D. LOWE - 4375 CONFEDERATE PT. RD. 9E JACKSONVILLE, FL. 32210

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JAMES D. LOWE 4375 CONFEDERATE PT. RD. JACKSONVILLE, FL. 32210

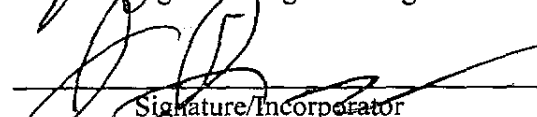
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

08/31/2004

Date



Signature/Incorporator

Date