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(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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TRANSMITTAL LETTER

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

TE NAME - MUST INCO	क्रा अंडा व्यवस्थ
icles of incorporation and	a check for:
\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
(Drinted or tomal)	
	Filing Fee

Address

City, State & Zip

Daytime Telephone number

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

PANAMA CITY BEACH, FL 32413

(850) 233-2260

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:

W. E. LOWE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 105 SUN LANE PANAMA CITY BEACH, FL 32413

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): WILLIAM E. LOWE, PRESIDENT/DIRECTOR 105 SUN LANE PANAMA CITY BEACH, FL 32413

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: WILLIAM E. LOWE 105 SUN LANE PANAMA CITY BEACH, FL 32413

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: WILLIAM E. LOWE 105 SUN LANE PANAMA CITY BEACH, FL 32413

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

Signature/Incorporator

07-11-05
Date

07-11-05
Date