

PO7000060260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

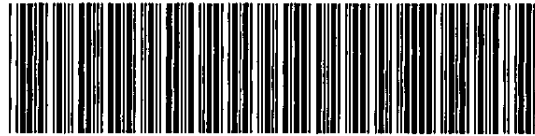
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/4

**COVER LETTER**

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

SUBJECT: Lowe's Aquarium & Pet Supply, 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: JASON LOWE  
Name (Printed or typed)

5728 NW 4<sup>TH</sup> AVE  
Address

Miami, FL 33127  
City, State & Zip

(305) 606-4722  
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:  
LOWE'S AQUARIUM & PET SUPPLY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:  
5728 NW 4<sup>TH</sup> AVENUE  
MIAMI, FL 33127

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
NEW BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:  
1000 SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):  
JASON LOWE  
5728 NW 4<sup>TH</sup> AVENUE  
MIAMI, FL 33127

ARTICLE VI REGISTERED AGENT


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

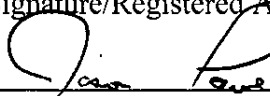
DENNIS LOWE  
7740 NW 29 STREET  
MARGATE, FL 33063

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:  
JASON LOWE  
5728 NW 4<sup>TH</sup> AVENUE  
MIAMI FL 33127

*Having been 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

5/17/2007  
Date

5-17-07  
Date

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07 MAY 21 AM 8:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA