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| (Business Entity Name) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE AHASSEE FLORIDA

COVER LETTER

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

| SUBJECT: | LOW RIDER MECHANICAL, CO. | | | |
|---|--|---------------------------------------|---|--|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | ÚDE SUFFIX) | |
| Enclosed are an orig | inal and one (1) copy of the arti | cles of incorporation and | a check for: | |
| \$70.00 Filing Fee | | ☐ \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of | |
| | | ADDITIONAL COPY REQUIRED | | |
| FROM: | GEOFFREY C. KING Name (Printed or typed) | | | |
| | 1599 TUSKAWILLA ROAD Address | | | |
| • | , | rum css | | |
| | OVIEDO, FL 32765 City, State & Zip | | | |
| | City, | State & Lip | | |
| *************************************** | 407-679-1695 | | | |
| | Daytime 1 | elephone number | | |
| <u></u> | LOIWRIDER77@LIVE.COM F-mail address: (to be used for future annual report notification) | | | |
| | E-mail address: (to be use | a tor nibire annual report : | DOUTICATION I | |

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)

FILED

ARTICLE I NAME

The name of the corporation shall be: LOW RIDER MECHANICAL, CO

09 AUG 28 PM 4: 13 SECRETARY OF STATE

TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1599 Tuskawilla Road Oviedo, FL 32765

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Corporation shall engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

Ten Thousand (10,000).

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President: Geoffrey C. King Secretary: Geoffrey C. King Treasurer: Geoffrey C. King

ARTICLE VI REGISTERED AGENT

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

Geoffrey C. King 1599 Tuskawilla Road Oviedo, FL 32765

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Geoffrey C. King 1599 Tuskawilla Road Oviedo, FL 32765

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

Signature/Incorporator

Signature/Incorporator