

P14000026864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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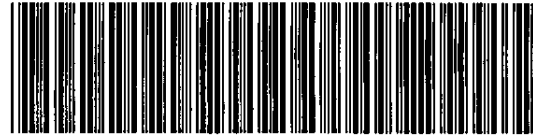
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS  
14 MAR 24 PM 1:20

3-25-14

COVER LETTER

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

SUBJECT: J.T. Lowrance, 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 T. Lowrance  
Name (Printed or typed)

17740 Roberts Rd.  
Address

Brooksville, FL 34610  
City, State & Zip

813-363-5732  
Daytime Telephone number

todd lowrance @ msn.com  
E-mail address: (to be used for future annual report notification)

**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)

CLERK  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAR 26 PM 1:20

**ARTICLE I NAME**

The name of the corporation shall be: J.T. Lowrance, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

17740 Roberts Rd.

Brooksville, Fl. 34610

**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: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: James Lowrance / President

Address 17740 Roberts Rd.  
Brooksville, Fl. 34610

Name and Title: James Lowrance / Secretary

Address: 17740 Roberts Rd.  
Brooksville, Fl. 34610

Name and Title: James Lowrance / Treasurer

Address 17740 Roberts Rd.  
Brooksville, Fl. 34610

Name and Title: James Lowrance / Director

Address: 17740 Roberts Rd.  
Brooksville, Fl. 34610

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Stephanie Lowrance  
Address: 17740 Roberts Rd.  
Brooksville, Fl. 34610

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Stephanie Lowrance  
Address: 17740 Roberts Rd.  
Brooksville, Fl. 34610

*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*

Stephanie Lowrance  
Required Signature/Registered Agent

3/19/14  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Stephanie Lowrance  
Required Signature/Incorporator

3/19/14  
Date