## P1500049290

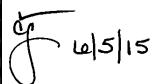
(Re	questor's Name)			
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## **COVER LETTER**

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

SUBJECT:	on Lowe, In			
	' (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )	
			;	
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation an	d a check for:	
\$70.00 Filing Fee	•	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	ADDITIONAL COPY REQUIRED	
FROM:	Tony Lowe Nam 053 W. Herstage	e (Printed or typed)  Club Circle  Address		
<u>D</u> .	elray Beach, FL City			
	561-504-1868 Daytime 7	Celephone number		
	F-mail address: (to be use	d 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)

	ration shall be: Tony Lowe,		
rticle II - prin 053 W. H	VCIPAL OFFICE Principal street address Principal Club Circle	Mailing address, if differ	ent is:
	ch, fl 33483		
RTICLE III PURI ne purpose for which	POSE the corporation is organized is:	estate services	
DTICLE IV CHA	DEC		
ne number of shares of	of stock is: 100	Name and Title:	
ne number of shares of	of stock is: 100 HAL OFFICERS AND/OR DIRECTORS  tle: Ton Lowe, President  1053 W. Hutes all City		
RTICLE V INIT	tle: Ton Lowe, President		
e number of shares of shar	of stock is: 100 HAL OFFICERS AND/OR DIRECTORS  tle: Ton Lowe, President  1053 W. Hutes all City	Address:	
ne number of shares of RTICLE V INIT.  Name and Tit  Address	IAL OFFICERS AND/OR DIRECTORS tle: Ton Lowe, President 1053 W. Hurtoge and Come Delcox Beach, FL 33483	Address:  Name and Title:	
Name and Tit	TAL OFFICERS AND/OR DIRECTORS  tle: Tom Lowe, President  1053 W. Hurtoge and are  Delcox Beach, FL 33483	Address:  Name and Title:	
Name and Tite Address  Name and Tite Address	TAL OFFICERS AND/OR DIRECTORS  tle: Tom Lowe, President  1053 W. Hurtoge and are  Delcox Beach, FL 33483	Address:  Name and Title:  Address:	

Name and	Title:	Name and Title:
Address		Address:
	<u> </u>	
	E <u>GISTERED AGENT</u> rida street address (P.O. Box NOT acceptable) o	of the registered agent is:
	$\overline{\sigma}$	in the registered agent is.
Name:	Tony Lowe	_
Address:	1053 W. Hertogy Club Circle	_
l	1053 W. Herstoy Club (1064) Delres Brook, Fl 33483	_
<u>ARTICLE VII IN</u>	NCORPORATOR	
The <b>name and add</b>	<u>ress</u> of the Incorporator is:	
Name:	Tony Lowe	_
Address:		_
	Delrag Bub, Fl 33483	_
ARTICLE VIII E	EFFECTIVE DATE:	
Effective date, if ot	her than the date of filing:	
days after the filin		ot be more than five business days prior or 90 business
	nserted in this block does not meet the applicable ective date on the Department of State's records.	e statutory filing requirements, this date will not be listed as
	d as registered agent to accept service of proces n familiar with and accept the appointment as re	es for the above stated corporation at the place designated in registered agent and agree to act in this capacity
1		5/28/15
<i>f</i>	Required Signature/Registered Agent	Date
I submit this docun	nent and affirm that the facts stated herein are	true. I am aware that the false information submitted in a
	partment of State constitutes a third degree felor	ny as provided for in s.817.155, F.S.
		5/28/15
Réquire	d Signature/Incorporator	Date