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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION
Trish Lowry Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$70.00

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Electronic Filing Menu Corporate Filing Menu Help

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: Trish Lowry Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
11791 SW Crestwood Circle	11791 SW Crestwood Circle
Port St. Lucie, FL 34987	Port St. Lucie, FL 34987

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any lawful act or activity for which corporations may be organized.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patricia Lowry, Director	Name and Title:
Address: 11791 SW Crestwood Circle Port St. Lucie, FL 34987	Address:
Name and Title:	Name and Title:
Address	Address:
Name and Title:	Name and Title:
Address	Address:

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Name and Title: _____ Name and Title: _____

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_____ _____

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ARTICLE VI REGISTERED AGENT

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

Name: Patricia Lowry

Address: 11791 SW Crestwood Circle

Port St. Lucie, FL 34987

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Patricia Lowry

Address: 11791 SW Crestwood Circle

Port St. Lucie, FL 34987

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

x Patricia P. Lowry 2-13-19

Required Signature/Registered Agent 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.

x Patricia P. Lowry 2-13-19

Required Signature/Incorporator Date