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(Rec	juestor's Name)	
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3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

CORPORATION NAME(S) & DOC	Office Use Only IJMENT NIJMRER(S) (if known).
	ECHNOLOGY, INC
(Corporation Name)	(Document #)
Walk in Pick up time  Mail out Will wait	2.00
Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials

CR2E031(7/97)

# **ARTICLES OF INCORPORATION**



The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME
The name of the corporation shall be:

LT WOOD TECHNOLOGY, L/C

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

990 WESTWARD DRIVE MIAMI SPRINGS, FLORIDA 33166

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at Any one time:

ONE THOUSAND (1,000)

ARTICLE IV INITIAL REGISTER AGENT AND STREET ADDRESS

LAZARO TRUY
990 WESTWARD DRIVE
MIAMI SPRINGS, FLORIDA 33166

ARTICLE V INCORPORATOR

The name and street address of the incorporator to this Articles of incorporation is:

## LAZARO TRUY 990 WESTWARD DRIVE MIAMI SPRINGS, FLORIDA 33166

The undersigned incorporator has executed these Articles of incorporation  $8^{TH}$  JULY, 2011

ARTICLE VI DIRECTOR(S)

The name(s) and street address (s) to these Articles of Incorporation is (are):

LAZARO TRUY
990 WESTWARD DRIVE
MIAMI SPRINGS, FLORIDA 33166

### CERTIFICATION OF DESIGNATION OF REGISTER AGENT/ REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept appointment as Register Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Register Agent.

Register Agent Signature