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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

RECEIVED

04 OCT 20 AM 7:33

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Itg llc

04 OCT 20 AM 10:37

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LTG LLC

Article II - Address:

The mailing address and street address of the principle office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

212 N. MIAMI Ave 2nd Fl.
MIAMI FLORIDA 33128

212 N. MIAMI Ave 2nd Fl.
MIAMI, FLORIDA 33128

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

MUTLU ALPER

Name

250 CRANWOOD DR

Florida street address (P.O. Box NOT acceptable)

KEY BISCAYNE, FL 33149

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

M. Mutlu Alper

Registered Agent's Signature

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ARTICLE IV - Management / Member(s):

The name(s) and address(es) of each Manager or Managing Member is as follows"

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR.

MUTLU ALPER
250 CRANWOOD DR
KEY BISCAYNE, FL 33149

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 508.408(3), Florida Statutes,
the execution of this document constitutes an affirmation under
the penalties of perjury that the facts stated herein are true.)

MUTLU ALPER

Typed or printed name of signee

04 OCT 20 16:15:37

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