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TRANSMITTAL LETTER

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

500003124025--7
-02/04/00-01050-006
*****78.75 *****78.75

SUBJECT: LDI of South Florida Inc.
(Proposed corporate name - must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 FEB -4 PM 3:40

FILED

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Edward J. Connelly
Name (Printed or typed)

4699 N. Federal Hwy suite #105A
Address

Pompano Beach FL 33064
City, State & Zip

954-784-7427
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

RECEIVED

FEB 9

2000

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

LDT of South Florida INC.

ARTICLE II PRINCIPAL OFFICE

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

4699 N. Federal Hwy suite 105F
Pompano Beach Fl. 33064

ARTICLE III SHARES

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

100 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

GALE JOHNSON
5881 NE 18th Ave #1
A. land, FL 33334

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Edward J. Connelly
2123 N.E 44th ST.
Lighthouse Point FL 33064

Edward J. Connelly
Signature/Incorporator

2/1/00
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation 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

Signature/Registered Agent

2/1/00
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 FEB -4 PM 3:40

FILED