

TRANSMITTAL LETTER

P00000035957

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

SUBJECT: L. T. CABLE SERVICES INC.
(Proposed corporate name - must include suffix)

400003196554--0
-04/05/00--01028--010
*****78.75 *****78.75

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: Luiz R. Tristao
Name (Printed or typed)

845 NW 47th Street
Address

Pompano, FL 33064
City, State & Zip

(954) 786-1953
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 APR -5 AM 9:01

FILED

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

T. Burch APR 10 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:

L. T. CABLE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

845 NW 47th Street
Pompano, Florida 33064

ARTICLE III SHARES

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

10 Shares at \$1.00 par Value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Luiz R. Tristao
845 NW 47 Street
Pompano, FL 33064

ARTICLE V INCORPORATOR

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

Luiz R. Tristao
845 NW 47 Street
Pompano, Florida 33064



Signature/Incorporator



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



Date

FILED
00 APR -5 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA