## TRANSMITTAL LETTER

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

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*****87.50	*****87.50

SUBJECT:

LMT MANAGEMENT ENTERPRISES, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

ng Fee Certified Copy DITIONAL CO	Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
typed)	
e #201	2002 AUG 22 SECATIONS TALLAHASS
	322 AMII: PASSEE FLOR
	2903 Zip

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

Daytime Telephone number

## 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:

FILED

ZQ02 AUG 22 AM 11:05

SECRETARY OF STATE TALLAHASSEE FLORIDA

LMT MANAGEMENT ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:

66 N. Atlantic Avenue suite 101 Cocoa Beach, Florida 32931

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The management of condominium Associations and Home Owners Associations Properties

ARTICLE IV SHARES
The number of shares of stock is: 1000 Shares

ARTICLE V INITIAL OFFICERS/DIRECTORS

ARTICLE VI REGISTERED AGENT Lee R. Moretz 735 N. HWY. A-1-A suite #201 Indialantic, Florida 32903

ARTICLE VII INCORPORATOR Lee R. Moretz 735 N. HWY. A-1-A suite #201 Indialantic, Florida 32903

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

Signature/Registered Agent

Signature/Incorporator

Bug 19, 02 Date Gua: 19, 02

MG: 19, C