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# TRANSMITTAL LETTER

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

	ITMG, INC.		
SUBJECT:	(PROPOSED CORPORAT	'E NAME – MUST INCLU	DE SURFIX)
	(INDICODE CONTONNI	B William - M. COL INC. DO.	DD OVETER)
Enclosed is an origina	l and one(1) copy of the article	es of incorporation and a	check for:
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy  ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Richard A. Wollner, CPA. P.A.		
TROW.	Name (Printed or typed)		
	2917 West State	2917 West State Road 434, Suite #151	
Address			
	Longwood, Florida 32779		
	City, State & Zip		· · · · · · · · · · · · · · · · · · ·
(407) 869–6434			
	Daytime Te	lephone number	<del></del>

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

#### 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:

ITMG, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

726 LITTLE WEKIVA CIRCLE ALTAMONTE SPRINGS, FLORIDA 32714

## ARTICLE III SHARES

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

500

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Richard A. Wollner, CPA 2917 West State Road 434, Suite 151 Longwood, Florida 32779

#### ARTICLE V INCORPORATOR

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

Richard A. Wollner, CPA 2917 West State Road 434, Suite 151 Longwood, Florida 32779

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.

Fignature/Registered Agent