

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



900043835859

01/10/05--01054--010 \*\*/0.00

05 JAN 10 PH 3: 32

OB 1/1

# TRANSMITTAL LETTER

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

SUBJECT: L&T CL	JSTOM LOGOS INC. (PROPOSED CORPORA)	TE NAME – MUST INCL	UDE SUFFIX)
Cual and one on asia			
Enclosed are an ong  \$70.00  Filing Fee	ginal and one (1) copy of the artic \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy
		ADDITIONAL CO	Status
FROM: TH	OMAS HAITSCH	Printed or typed)	
	1574 BRIAR OAK DR	ddress	
<u>!</u>	ROYAL PALM BEACH, FLORIDA		
<u>!</u>	(561) 929 0296 Daytime Te	elephone number	

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

DIVISERSOR	STATE SHOW
------------	---------------

05 JAN 10 PM 3: 32

## ARTICLE I NAME

The name of the corporation shall be:

L&T CUSTOM LOGOS INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1574 BRIAR OAK DR, ROYAL PALM BEACH, FLORIDA 33411-6144

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ADVERTISING SPECIALISTS

### ARTICLE IV SHARES

The number of shares of stock is:

ONE HUNDRED

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

THOMAS HAITSCH 1574 BRIAR OAK DR ROYAL PALM BEACH, FLORIDA 33411-6144

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

THOMAS HAITSCH 1574 BRIAR OAK DR ROYAL PALM BEACH, FLORIDA 33411-6144

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

THOMAS HAITSCH 1574 BRIAR OAK DR ROYAL PALM BEACH, FLORIDA 33411-6144

Having been named as registered agent to accept service of process for the abo	
certificate, I am familiar with and accept the appointment as registered agent an	
Thomas Hewith	01/01/2005
Cignotive/Designated Asset	D-4-

Signature/Registered Agent Date

Moman Health 01/01/2005

Signature/Incorporator Date