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# **COVER LETTER**

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Tallanassee, FL 32314		
SUBJECT: LT SECURITY AGENCY, INC (PROPOSED CORPORATE	C TE NAME – <u>MUST INCL</u>	.ude suffix)
Enclosed are an original and one (1) copy of the artic	eles of incorporation and	d a check for:
☐ \$70.00	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM: DEIVIDAS RIMKEVICIUS		
	Printed or typed)	
605 SW 29TH STREET	ddress	
CAPE CORAL, FL 33914	State & Zip	
239-772-1766		

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:

LT SECURITY AGENCY, INC

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

### PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

605 SW 29TH STREET CAPE CORAL, FL 33914

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SECURITY SERVICES

#### ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

**DEIVIDAS RIMKEVICIUS** 605 SW 29TH STREET CAPE CORAL, FL 33914

#### REGISTERED AGENT ARTICLE VI

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

**DEIVIDAS RIMKEVICIUS** 605 SW 29TH STREET CAPE CORAL, FL 33914

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**DEIVIDAS REMKEVICIUS** 605 SW 29TH STREET CAPE CORAL, FL 33914

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 fumiliar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator