

P09000027680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

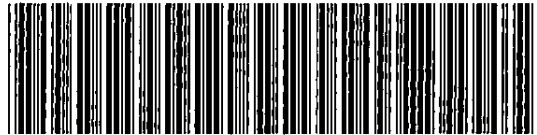
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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02/27/09--01025--009 \*\*105.00

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T. CLINE  
MAR 26 2009  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2009

LUCILLE MARKOWITZ  
P.O. BOX 1225  
HAWTHORNE, FL 32640

SUBJECT: L.T.C. VENTURES INC.  
Ref. Number: W09000009771

We have received your document for L.T.C. VENTURES INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The second page of the conversion is the wrong form. Enclosed is the correct form. Please list the name of the registered agent in article vi of the articles of incorporation.,

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 409A00007084

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** L.T.C Ventures Inc.  
(Name of Resulting Florida Profit Corporation)

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Lucille Markowitz  
(Contact Person)

L.T.C. Ventures Inc  
(Firm/Company)

P.O. Box 1225  
(Address)

Hawthorne Fl 32640  
(City, State and Zip Code)

For further information concerning this matter, please call:

Lucille Markowitz at ( 352 ) 481-4785  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees    ☐ \$113.75 Filing Fees and Certificate of Status    ☐ \$113.75 Filing Fees and Certified Copy    ☐ \$122.50 Filing Fees, Certified Copy, and Certificate of Status.

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE, FL 32301

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Profit Corporation**

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

L.T.C. Ventures L.L.C.

606-74944

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a limited liability Company

(Enter entity type. Example: limited liability company, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida

(Enter state, or if a non-U.S. entity, the name of the country)

on

July 17, 2006

(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

Fla.

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

L.T.C. Ventures Inc

(Enter Name of Florida Profit Corporation)

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

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Signed this 25 day of February, 2009.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]

Printed Name: Lucille A. Markowitz Title: Chairman

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: [Signature]

Printed Name: Lucille A. Markowitz Title: Chairman

Signature: [Signature]

Printed Name: Charice Markowitz Title: Vice Chairman

Signature: [Signature]

Printed Name: LuAnne Markowitz Title: Secretary/Officer

Signature: [Signature]

Printed Name: Bertie Schreier Title: Treasurer/Officer

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: No other

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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TALLAHASSEE, FLORIDA

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## 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:

L.T.C. Ventures, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 1225 (mailling) and  
144 Morris Lake Dr. (physical address)  
Hawthorne, Fla. 32640

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

family estate, rental inheritance  
state and I.R.S. requirements  
any and all lawful business

### ARTICLE IV SHARES

The number of shares of stock is:

100

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### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Charice Markowitz, Vice Pres. 144 Morris Lake Dr.  
Hawthorne, Fl. 32640

Luanne Markowitz, Dir. 1510 SE 36th Ave.  
Ocala, Fl. 34471

Bartina Scheerer, Dir. 519 Himakyon St.

Interlachen, Fl. 32148

### ARTICLE VI REGISTERED AGENT

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


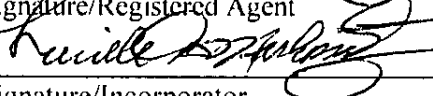
Lucille Markowitz  
144 Morris Lake Dr.  
Hawthorne, Fla. 32640

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

original:  
144 Morris Lake Drive  
Hawthorne Fla 32640  
Lucille A. Markowitz  
P.O. Box 1225 (mailing)  
Hawthorne Fla. 32640

\*\*\*\*\*  
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

2/23/09  
\_\_\_\_\_  
Date  
2/25/09  
\_\_\_\_\_  
Date

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