## P110000041603

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip	/Phone #)	
PICK-UP W	AIT MAIL	
(Business Ent	ity Name)	
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(Document Nu	ımber)	
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Certified Copies Cert	ificates of Status	
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Special Instructions to Filing Offic	er:	
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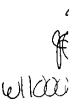
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SECRETARY OF STATE



## **COVER LETTER**

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

SUBJECT: LGT CO.	
(PROPOSED CORPÒRA"	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Jason Name	(Printed or typed)
15048 SW	51 <sup>5†</sup>
A	Address
Davie, F	locida, 33331 State & Zip
954 Daytime To	- 650 - 3089 elephone number
E-mail address: (to be used	@ ThinkHighly Creative com

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



April 18, 2011

JASON LISIEWSKI 15048 SW 51ST ST DAVIE, FL 33331 RECEIVED APR 2 8 2011

SUBJECT: LGT CO.

Ref. Number: W11000021373

We have received your document for LGT CO. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6995.

Jessica A Fason Regulatory Specialist II

Letter Number: 311A00009271

## ARTICLES OF INCORPORATION

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

'ARTICLE I	NAME	<b>ô</b> n.	- <del></del> - *
The name of the co	rporation shall be: Lot of Miam.	<b>-</b>	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Maning	address, if different is:
_	15048 SW 515 Davie		
_	FL, 33331		
-		<del>,,</del>	
ARTICLE III	PITRPOSE		
The purpose for w	high the corporation is organized is: 0		
	PURPOSE hich the corporation is organized is:	Sorvice   clothing 1:	ine.
	•	3	
ARTICLE IV			
The number of shar	res of stock is: \ 00		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	RS	
	tle: Jason Lisiewski / Ceo	Name and Title: NCI	ick- Taylor I CFO
Address:	15048 SW 51St Davic FL	Address: 194	31 NW 10 54
	33331		Mbroke Pines Fl
	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	3	3029
Mama and Ti	tle: Nelson Garcia 1 coo	Name and Tide.	
Address:	13960 SU 5354	Name and Title: Address:	
Address.	Milamar FL 33027	Address.	<del>,</del>
	THAT AMILE TOOL !	<del> </del>	
	tle:		
Address:		Address:	
		<del></del>	
•	REGISTERED AGENT	.0.1	
ne <u>name and rio</u> Name:	rida street address (P.O. Box NOT acceptable) c	or the registered agent is:	z-1
Address:	15098 su SIST David FL	_	
11441035.	33371	<del></del>	수
		<del></del>	2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	INCORPORATOR		SER OF THE
	lress of the Incorporator is:		
Name: Address:	Jason Lisicuski 15048 SLI SI St Dovie FL	<del></del>	58
Address.	33331	<del></del>	₩ <u>₩</u>
		_	≥ 2
laving been name	ed as registered agent to accept service of proces	ss for the above stated cor	poration at the place designated
his certificate, I an	n familiar with and accept the appointment as re	gistered agent and agree to	act in this capacity
			112111
	Jum J	<u>.</u>	4/2/ (1)
	Required Signature/Registered Agent		Date
submit this door	ment and affirm that the facts stated herein ar	o truo I am awaro that th	no falso information submitted is
	ment und affirm that the facts stated herein are epartment of State constitutes a third degree feloi		
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<i>^</i>	arm ===		4[2][1]
	Required Signature/Incorporator	<u> </u>	Date