

P11000100793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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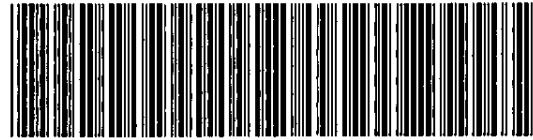
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: LTB-55-INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: TODD BODIE
Name (Printed or typed)
2409 DEL PRADO BLVD. S.
Address
CAPE CORAL, FL. 33990
City, State & Zip
239-896-7663
Daytime Telephone number
LBODIE@GOL.COM
E-mail address: (to be used for future annual report notification)

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)

ARTICLE I NAME

The name of the corporation shall be: LTB-SS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2409 DEL PRADO BLVD. S.
CAPE CORAL, FL 33990

Mailing address, if different is:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TODD BODIE - PRESIDENT Name and Title: _____
Address: 2409 DEL PRADO BLVD S Address: _____
CAPE CORAL, FL 33990

Name and Title: LORRAINE BODIE V.P/SECT. Name and Title: _____
Address: 2409 DEL PRADO BLVD. S. Address: _____
CAPE CORAL, FL. 33990

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: TODD BODIE
Address: 2409 DEL PRADO BLVD. S.
CAPE CORAL FL. 33990

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: TODD BODIE
Address: 2409 DEL PRADO BLVD. S
CAPE CORAL FL. 33990

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]
Required Signature/Registered Agent

11/5/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature/Incorporator

11/5/11
Date