P 13000073408

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

Office Use Only



300251273063

09/03/13--01049--002 **128.75

13 SEP -3 PM 4: 00

9/10/13

COVER LETTER

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

SUBJECT: LT Construction Consulting Services Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication \$ 50.00
Articles of Incorporation and Certified Copy \$ 78.75
Total to domesticate and file \$128.75

OPTIONAL:

Certificate of Status	\$ 8.75	
LT Cons	Name (printed or typed)	25, Inc.
408 A	nge le Lane Address	<u> </u>
Cocoal	Beach, FL 32931 City, State & Zip	SEC OIVISH S ST
321-613-	Daytime Telephone Number	SEP -3 P
tom.hu E-mail address:	(go be used for future annual report notification)	OF STATE OF STATE OF W 4: 00

CERTIFICATE OF DOMESTICATION

The	e undersigned, Thomas Hughas, President, (Name) (Title)			
of_	LT Construction Consulting Services, Ira foreign corporation, (Corporation Name) accordance with s. 607.1801, Florida Statutes, does hereby certify:			
1.	The date on which corporation was first formed was <u>September 13</u> , 3001.			
2.	The jurisdiction where the above named corporation was first formed, incorporated, or otherwise			
	came into being was New York State			
3.	The name of the corporation immediately prior to the filing of this Certificate of Domestication			
	was LT Construction Consulting Services, Inc.			
4.	The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to			
	s. 607.0202 and 607.0401 with this certificate is			
	LT Construction Consulting Services, Inc.			
5.	The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was New York State			
6.	Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.			
Iam President, of LT Construction Consulting Services Inc				
	am authorized to sign this Certificate of Domestication on behalf of the corporation and have done			
so	this the 26th day of August, 2013.			
	(Authorized Signature)			
	SEP SER			
	ப் இத்து ப			
	Filing Fee:			
	Certificate of Domestication \$ 50.00			
	Certificate of Domestication \$ 50.00 Articles of Incorporation and Certified Copy \$ 78.75 Total to domesticate and file \$ \$128.75			
	SNC SNC			

ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLE I NAME THE NAME OF THE CORPORATION SHALL BE:	13 SEP -3 -PM 4: 0,1
IT Construction @	onsulting Services, Inc.
L' CONSTRUCTION	2017 J 3017 102 37 41.C.
ARTICLE II PRINCIPAL OFFICE	
THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS: Principal Address	: Mailing Address
408 Angelo Lane	408 Angelo Lane Coroa Beach, FL 32931
Cocoa Beach, FL 32931	Coroa Beach, FL 32931
AND THE PERSON NAMED OF TH	
ARTICLE III PURPOSE	7D.
LT Construction Consult	
provides senior level pro	
construction management	consulting services to
the hospitality and real es	tate development industries.

THE NUMBER OF SHARES OF STOCK IS:				
ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:				
Title/Name	Title/Name			
President/Thomas M	1. Hughes			
Title/Name	Title/Name			
Title/Name	Title/Name			
Title/Name	Title/Name			

ARTICLE VI INITIAL REGISTERED	AGENT AND STREET ADDRESS
THE NAME AND FLORIDA STREET ADDRESS (P.O. BO	OX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:
Thomas M. Hughes	
408 Angelo Loune	
Cocoa Beach FL 32931	
ARTICLE VII INCORPORATOR	
THE NAME AND ADDRESS OF THE INCORPORATOR IS:	•
Thomas M. Hughes	
408 Angelo Lane	
Cocoa Beach, FL 32931	
·	
**********	*****************
	ND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE
	ED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND
ACCEPT THE APPOINTMENT AS REGISTERED AGE	ENT AND AGREE TO ACT IN THIS CAPACITY.
	<u>826 13</u>
Signature/Registered Agent	Date
	8/13
Signature/Incorporator	Date

13 SED = 2 DM 1: 01