

P14000061857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400260735324

06/03/14--01008--001 \*\*70.00

14 JUL 21 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE FL 32301

W14-36307

## COVER LETTER

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

SUBJECT: L-Technologies Online, 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: Rodolfo Gonzalez

Name (Printed or typed)

14629 SW 104 St. Suite #422

Address

Miami, Florida

City, State & Zip

786-200-5053

Daytime Telephone number

rudyg@ltechonline.net

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 11, 2014

RODOLFO GONZALEZ  
14629 SW 104 ST SUITE 422  
MIAMI, FL 33186

SUBJECT: L-TECH ONLINE, INC  
Ref. Number: W14000036307

We have received your document for L-TECH ONLINE, INC and your check(s) totaling \$70.00. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 914A00012637



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
14 JUL 21 AM 10:27  
SECRET  
TALLAHASSEE, FLORIDA

July 2, 2014

RODOLFO GONZALEZ  
14629 SW 104 ST SUITE 422  
MIAMI, FL 33186

SUBJECT: L-TECHNOLOGIES ONLINE, INC.  
Ref. Number: W14000036307

We have received your document for L-TECHNOLOGIES ONLINE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 914A00012637

## COVER LETTER

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

SUBJECT: **Eltec Online, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

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

**ADDITIONAL COPY REQUIRED**

FROM: **Rodolfo Gonzalez**

Name (Printed or typed)

**14629 SW 104 St. Suite #422**

Address

**Miami, FL 33186**

City, State & Zip

**786-200-5053**

Daytime Telephone number

**rudyg@ltechonline.net**

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: Eltec Online, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

14629 SW 104 St. Suite #422

Miami, Fl 33186

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawfull purposes.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Rodolfo Gonzalez

Name and Title: \_\_\_\_\_

Address: President

Address: \_\_\_\_\_

14629 SW 104 St. suite #422

Miami, Fl 33186

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

14 JUL 21 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

(conti.)

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: Rodolfo Gonzalez  
Address: 14629 SW 104 St. Suite #422  
Miami, Fl 33186

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Rodolfo Gonzalez  
Address: 14629 SW 104 St. Suite #422  
Miami, Fl 33186

*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*

\_\_\_\_\_  
Required Signature/Registered Agent  
07/14/14  
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.*

\_\_\_\_\_  
Required Signature/Incorporator  
07/14/14  
Date

14 JUL 21 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE FL 32399-0001