

PK4000078893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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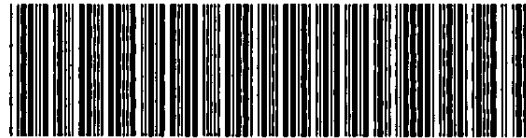
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

MD 9/24

COVER LETTER

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

SUBJECT: LT & LT Brothers, 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: Jessica Lance

Name (Printed or typed)

3800 E. 42nd Street, Ste. 500

Address

Odessa, Texas 79762

City, State & Zip

432-363-1300

Daytime Telephone number

jlance@odessalawfirm.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: LT & LT Brothers, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

31242 Amberlea Rd.

Dade City, FL 33523

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Management and Investment Purposes.

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ly Kondrot, President/Director

Address: 31242 Amberlea Rd.

Dade City, FL 33523

Name and Title: Lawrence Truong, VP/Director

Address: 730 24th Street NW

Washington, D.C. 20037

Name and Title: Leonard Truong, Secretary/Director

Address: 1846 Spruce Street, Apt. 25

Berkeley, CA 94709

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
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: Ly Kondrot
Address: 31242 Amberlea Rd.
Dade City, FL 33523

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ly Kondrot
Address: 31242 Amberlea Rd.
Dade City, FL 33523

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

9/12/14
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

9/12/14
Date

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DEPARTMENT OF STATE
TALLAHASSEE FLORIDA