(Requestor's Name)		
(Address)		
(Ad	dress)	
(Cit	ry/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
,		
<u></u>		

Office Use Only



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FEB 2 2 2016

S. GILBERT

COVER LETTER

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

subject: <u>La</u>	Joseph Joseph Corpor	ation Co. ATE NAME - <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar		l a check for:
-	— · · · · · · ·	\$78.75	`
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	

FROM: Todrick Langan Name (Printed or typed)
11370 Sw 222 St Address
Miami, FC. 33/70 City, State & Zip
786-661-7824 Daytime Telephone number
Daytime Telephone number

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

##8 FEB 19 AMII: 12
SECRETARY OF COLF

January 11, 2016

TODRICK LANNIGAN****2nd Mailing 11370 SW 222 STREET MIAMI, FL 33170

SUBJECT: LANNINGAN INSTALLATION CO.

Ref. Number: W15000079176

We have received your document for LANNINGAN INSTALLATION CO. and your check(s) totaling \$87.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of 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.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 715A00025717

COVER LETTER

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

SUBJECT: 2T BE	ATZ INC.		
SUBJECT	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: _	odrick R. Lannigan Nam 370 sw 222 st	e (Printed or typed)	<u> </u>
_		Address	
М	iami, Florida 33170		
_	City	, State & Zip	
78	6-661-7824		
_	Daytime '	Telephone number	
2T	BEATZ@GMAIL.COM		
	E-mail address: (to be use	ed for future annual report r	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)

<u>ARTICLE I NAME</u>		ي مين از مسلم مين از مسلم	الم
The name of the corpora	ation shall be:	16 FEB 19 PH	
ARTICLE II PRINC		1015019 94	112: 54
11370 SW 222 ST	Principal street address	Mailing address, if different is:	STATE
MIAMI, FLORIDA 33			LURID,
		-	
			<u></u>
ARTICLE III PURPO The purpose for which to	OSE the corporation is organized is:	AND ALL LAWFUL BUSINESS	
			
	···		
The number of shares of ARTICLE V INITIA Name and Title	AL OFFICERS AND/OR DIRECTO		
Address	11370 s.w. 222 st.	Address:	
71441035	Miami, Florida 33170		
Name and Title	·	Name and Title:	
Address		Address:	
Name and Title	:	Name and Title:	
Address			
Audiess		Address:	
			

	t t	
Name and	d Title:	Name and Title:
Address		Address:
	REGISTERED AGENT	
The <u>name and FI</u> Name:	lorida street address (P.O. Box NOT acceptable Todrick Lannigan) of the registered agent is:
Address:	11370 s.w. 222 st	_
		
ARTICLE VII	<u>INCORPORATOR</u>	
The <u>name and ad</u>	dress of the Incorporator is:	
Name:	Todrick Lannigan	
Address:	11370 s.w. 222 st.	
	Miami, Fl 3317o	
Effective date, if a (If an effective days after the file)	ling.)	nnot be more than five business days prior or 90 business
	inserted in this block does not meet the applical ffective date on the Department of State's record	ble statutory filing requirements, this date will not be listed as is.
		ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
_	Valuation .	02/10/2016
	Required Signature/Registered Agent	Date
	ument and affirm that the facts stated herein a Department of State constitutes a third degree fe	are true. I am aware that the false information submitted in lony as provided for in s.817.155, F.S.
/	1.///////	02/10/2016
Regui	red Signature/Incorporator	Date