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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**LTG Services, Incorporated**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

92-11-11 G. 1202

2021 SEP 20 AM 9:56

FILED

**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: LTG Services, Incorporated

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

7901 4th St N STE 300  
St. Petersburg, FL 33702

Mailing address, if different is:

7901 4th St N STE 300  
St. Petersburg, FL 33702

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any lawful purpose

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: LATISHA WATKINS, DPT

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

Address 7901 4th St N STE 300

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

St. Petersburg, FL 33702

Name and Title: TRIESHA TE'ASIA FAYSON, DS

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

Address 7901 4th St N STE 300

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

St. Petersburg, FL 33702

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

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

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2021 SEP 20 AM 9:56  
CLERK OF CIRCUIT COURT  
ST. PETERSBURG, FLORIDA

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: Northwest Registered Agent LLC

Address: 7901 4th St N STE 300

St. Petersburg, FL 33702

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Morgan Noble

Address: 7901 4th St N STE 300

St. Petersburg, FL 33702

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

Ton Glover

Required Signature/Registered Agent

9/20/21

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.*

Morgan Noble

Required Signature/Incorporator

Date 9/20/21