TRANSMITTAL LETTER

P99000066122

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

900002915499--5 -06/25/99--01048--001 *****78.75 ******78.75

SUBJECT: LTC LNC	
(Proposed	corporate name - must include suffix) SCOUNTY OF THE PROPERTY
	HASS JL 2
	26 ASSEE
Enclosed is an original and one(1) copy of the	articles of incorporation and a check for:
□ \$70.00 ≥ \$78.75	□\$78.75 □\$87.50 □ \$
Filing Fee Filing Fee	Filing Fee Filing Fee,
& Certificate of Status	& Certified Copy Certified Copy
	& Certificate of
	Status
	ADDITIONAL COPY REQUIRED
	21 2
FROM: <u>JONATHA</u>	M 5'/EEZER me (Printed or typed)
·-	(
7143 87	ATE ROAD 54 #267
	Address
_	
NEW PORT	RICHEY, FL 34653 City, State & Zip
	City, State & Zip
717	- Oilil 35-77
Dayt	— <u>844 - 35<i>0</i>0</u> ime Telephone number
T	3
<u>J& h</u> GAVE	2
UTHORIZATION BY PEUNE TO	
CORRECT RA	
DATE 7-26-99	<i>y</i>
200 EXAM _ 7 _ NOTE: Please provide to	he original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 30, 1999

JONATHAN SLEEZER 7143 STATE ROAD 54 #267 NEW PORT RICHEY, FL 34653

SUBJECT: LTC INC.

Ref. Number: W99000015217

We have received your document for LTC INC. and your check(s) totaling \$78.75. 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 existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the 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) 487-6904.

Letter Number: 999A00034548

Freida Chesser Corporate Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLEI NAME

The name of the corporation shall be:

illet - Trans Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7143 STATE ROAD 54 # 267 NEW PORT RICHEY, FL 34653

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

CHRISTY SLEEZER

7143 STATE ADOD 54 # 267 NEW PORT RICHEY, FL 34653

INCORPORATOR(S) ARTICLEV

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JONATHAN SLEEZER 7143 STATE ROAD 54 # 267 NEW Port Richer, FL 34653

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 22 day of $_$ Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	iNet-Trans Inc.	
		_
2. The name and address of the registe	J SLEEZER PS JUL	<u> </u>
(P.O. Box	STATE ROAD 54 # 267 Or Mail Drop Box NOT ACCEPTABLE) RICHEY, #2 34653 (CITY/STATE/ZIP)	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Misty Layer 7/22/99
(SIGNATURE) (DATE)