

TRANSMITTAL LETTER

P99000104457

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

900003055099--1
-11/29/99--01082--008
*****70.00 *****70.00

SUBJECT: LCG Management, Inc
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Laura Gambino
Name (Printed or typed)

4972 SW 151 Avenue
Address

DAVIC FL 33331
City, State & Zip

(954) 474-9000 CPA
Daytime Telephone number

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

99 NOV 29 AM 8:44

FILED

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

gx18/2

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

LCG Management, Inc

ARTICLE II PRINCIPAL OFFICE

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

4972 SW 151 Avenue DAVIE FL 33331

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

LAURA GAMBINO
4972 SW 151 Avenue DAVIE, FL 33331

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

LAURA GAMBINO
4972 SW 151 Avenue DAVIE FL 33331

✓ Laura Gambino
Signature/Incorporator

11-17-99
Date

(An additional article must be added if an effective date is requested.)

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

Laura Gambino
Signature/Registered Agent

11-17-99
Date

FILED
99 NOV 29 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA