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### Florida Department of State

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From:

Account Name : CORPDIRECT AGENTS, INC.

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## FOREIGN PROFIT/NONPROFIT CORPORATI

### LYONS ENTERPRISES, INC.

Certificate of Status	0
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To: FI Dept of State Subject: 0715.54830 From: Tracy Spear

Wednesday, July 12, 2006 2:51 PM Page: 2 of 6

850-205-0381

7/12/2006 11:52 PAGE 001/001 Florida Dept of State



July 12, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPDIRECT AGENTS

SUBJECT: LYONS ENTERPRISES, INC.

REF: W06000030830

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp." The alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6955.

Suzanne Hawkes Document Specialist New Filing Section FAX Aud. #: B06000177419 Letter Number: 806A00044834

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.

11060001774193

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. $\Rightarrow_{\omega}$	72°(7)
Lyons Er	nterprises, Inc. 도움 들	د ستش
	orporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  orp," "Inc," "Co," or "Corp.")	117
LE! Finar		9
(1f name unavaila	able in Floridia, enter alternate corporate name adopted for the purpose of transacting business in Florida)	_
California		
•	under the law of which it is incorporated) (FEI number, if applicable)	
4 03/24/20		
•	of incorporation) (Duration: Year corp., will cease to exist or "perpetual")	
6. Upon reg		
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
, 5469 Kea	arny Villa Rd., Ste 302, San Diego, CA 92123	
	(Principal office address)	
5469 Kea	arny Villa Rd., Ste 302, San Diego, CA 92123	
	(Current mailing address)	
8 See atta	ched Exhibit A	
	s) of corporation authorized in home state or country to be carried out in state of Florida)	*. · ·
9. Name and street	et address of Florida registered agent: (P.O. Box NOT acceptable)	٠.
Name:	NRAI Services, Inc.	Į,
Office Address:	2731 Executive Park Dr., Ste 4	: -}
	Weston , Florida 33331 (City) (Zip code)	(TEXE
	(City) (Zip code)	
Having been nan designated in this further agree to c	agent's acceptance:  P  Red as registered agent and to accept service of process for the above stated corporation at the place so application, I hereby accept the appointment as registered agent and agree to act in this capacity. I comply with the provisions of all statutes relative to the proper and complete performance of my duties, r with and accept the obligations of my position as registered agent.	
-	(Registered agent's signature)	

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: Bill A. Lyons
Address: 5469 Kearny Villa Rd., Ste 302, San Diego, CA 92123
Vice Chairman:
Address:
Director.
Address.
Director:
Address.
B. OFFICERS
President: Bill A. Lyons
Address: 5469 Kearny Villa Rd., Ste 302, San Diego, CA 92123
Vice President:
Address:
Secretary: Bill A. Lyons
Address: 5469 Kearny Villa Rd., Ste 302, San Diego, CA 92123
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
(Signature of Director or Officer listed in number 12 of the application)
(Signature of Director of Officer fisted in number 12 of the application)  14 Bill A. Lyons, President
(Typed or printed name and capacity of person signing application)

H060001774193

#### Exhibit A

Lyons Enterprises, Inc.

Fo conduct mortgage and real estate services. To do all things related, incidental or convenient to the forgoing, and to engage in any activity permitted by the laws of California and Florida.

H06000177419 3

## State of California Secretary of State

# CERTIFICATE OF STATUS DOMESTIC CORPORATION

r, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That on the 24th day of March, 2003, LYONS ENTERPRISES, INC. became incorporated under the laws of the State of California by filling its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 28, 2006.



BRUCE McPHERSON Secretary of State

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