

F15000004106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

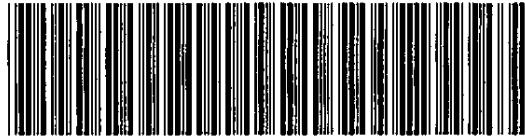
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 17 2015

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LYONSHARE, INC.

\_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Nathan Sutton

\_\_\_\_\_  
Name of Person

Sutton Law Office, P.A.

\_\_\_\_\_  
Firm/Company

7211 W 98th Terrace Suite 140

\_\_\_\_\_  
Address

Overland Park, KS 66212

\_\_\_\_\_  
City/State and Zip code

clerk@suttonlaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hope Mischlich or Nathan Sutton

913

385-0444

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

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

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA*

LYONSHARE, INC

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

\_\_\_\_\_ (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. \_\_\_\_\_  
(Principal office address)

5360 College Boulevard, Suite 200, Overland Park, Kansas 66211

\_\_\_\_\_ (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

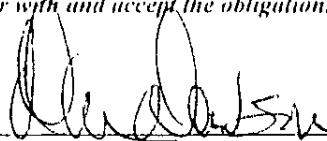
Name: \_\_\_\_\_  
Dave Dawson

Office Address: \_\_\_\_\_  
1420 Bayshore Blvd, Ste 217

\_\_\_\_\_ , Florida \_\_\_\_\_  
Dunedin 34698  
(City) (Zip code)

**9. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
\_\_\_\_\_  
(Registered agent's signature)

10. 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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TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: THOMAS D. LYONS

Address: 5360 College Boulevard, Suite 200  
Overland Park, Kansas 66211

Vice Chairman:

Address:

Director: DEBORAH LYONS

Address: 5360 College Boulevard, Suite 200  
Overland Park, Kansas 66211

Director:

Address:

**B. OFFICERS**

President: THOMAS D. LYONS

Address: 5360 College Boulevard, Suite 200, Overland Park, Kansas 66211

Vice President: THOMAS D. LYONS

Address: 5360 College Boulevard, Suite 200, Overland Park, Kansas 66211

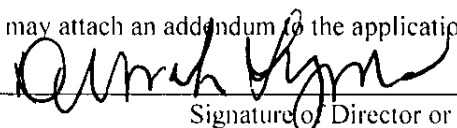
Secretary: DEBORAH LYONS

Address: 5360 College Boulevard, Suite 200, Overland Park, Kansas 66211

Treasurer: THOMAS D. LYONS

Address: 5360 College Boulevard, Suite 200, Overland Park, Kansas 66211

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.   
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Deborah Lyons  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TREASURER OF STATE

**STATE OF KANSAS**  
**OFFICE OF**  
**SECRETARY OF STATE**  
**KRIS W. KOBACH**

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 2690758

Entity Name: LYONSHARE, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

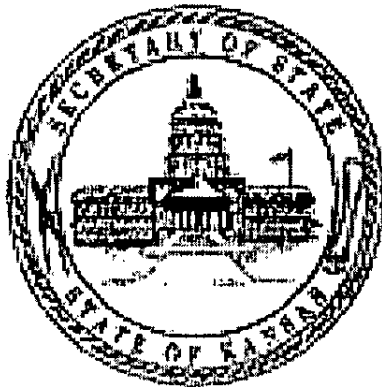
State of Organization: KS

Resident Agent: THOMAS D. LYONS

Registered Office: 14975 OUTLOOK RD, STANLEY, KS 66223

was filed in this office on January 11, 1999, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of August 31, 2015

A handwritten signature in cursive script that reads "Kris W. Kobach".

**KRIS W. KOBACH**  
**SECRETARY OF STATE**

Certificate ID: 704492 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.