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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

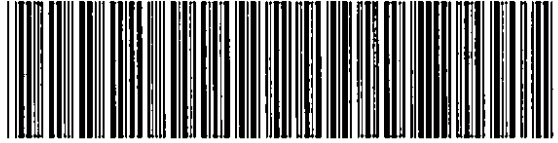
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/29/20--01013--012 **125.00

2020 JUN 29 AM 4:00

536
6/8/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lyon Capital Management, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Douglass C. Lyon
Name of Person

Lyon Capital Management, LLC
Firm/Company

24 B Grove Street
Address

Pittsford, NY 14534
City/State and Zip Code

Kate@LyonCapital.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathleen M. Lyon at (585) 248-9821
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy

RECEIVED
JUN 29 11:41 AM '00

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Lyon Capital Management, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. New York State / U.S.A. 3. 16-1516933
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. January 23, 2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 24 B Grove Street
(Street Address of Principal Office)

6. 24B Grove Street
(Mailing Address)

Pittsford, NY 14534

Pittsford, NY 14534

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

Name: Douglass C. Lyon

Office Address: Lyon Capital Management, LLC
5114 Station Way

Sarasota

(City)

Florida 34233
(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Douglass C. Lyon
(Registered agent's signature)

2020 JAN 23 PM 4:00

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u> | | <u>Name and Address:</u> | | <u>Title or Capacity:</u> | | <u>Name and Address:</u> | |
|--|----------|-------------------------------------|--------------------------------|---|----------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Manager | Name: | <u>Dougluss C. Lyon</u> | | <input type="checkbox"/> Manager | Name: | <u>Kathleen M. Lyon</u> | |
| <input checked="" type="checkbox"/> Member | Address: | <u>Lyon Capital Management, LLC</u> | | <input type="checkbox"/> Member | Address: | <u>Lyon Capital Management, LLC</u> | |
| <input type="checkbox"/> Authorized Person | | <u>24 B Grove Street</u> | | <input checked="" type="checkbox"/> Authorized Person | | <u>24 B Grove Street</u> | |
| | | <u>Pittsford, NY 14534</u> | | | | <u>Pittsford, NY 14534</u> | |
| <input type="checkbox"/> Other | | | <input type="checkbox"/> Other | <input type="checkbox"/> Other | | | <input type="checkbox"/> Other |
| | | | | | | | |
| <input type="checkbox"/> Manager | Name: | | | <input type="checkbox"/> Manager | Name: | | |
| <input type="checkbox"/> Member | Address: | | | <input type="checkbox"/> Member | Address: | | |
| <input type="checkbox"/> Authorized Person | | | | <input type="checkbox"/> Authorized Person | | | |
| <input type="checkbox"/> Other | | | <input type="checkbox"/> Other | <input type="checkbox"/> Other | | | <input type="checkbox"/> Other |
| | | | | | | | |
| <input type="checkbox"/> Manager | Name: | | | <input type="checkbox"/> Manager | Name: | | |
| <input type="checkbox"/> Member | Address: | | | <input type="checkbox"/> Member | Address: | | |
| <input type="checkbox"/> Authorized Person | | | | <input type="checkbox"/> Authorized Person | | | |
| <input type="checkbox"/> Other | | | <input type="checkbox"/> Other | <input type="checkbox"/> Other | | | <input type="checkbox"/> Other |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Kathleen M. Lyon
Signature of an authorized person

Kathleen M. Lyon
Typed or printed name of signer

State of New York
Department of State } ss:

I hereby certify, that LYON CAPITAL MANAGEMENT, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/03/1998, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



2020 APR 29 PM 4:00

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 23rd day of April two
thousand and twenty.*

Brendan C. Hughes

Brendan C Hughes
Executive Deputy Secretary of State

New York State Department of State***Division of Corporations Biennial Statement e-Filing System*****SUBMISSION CONFIRMATION
PLEASE PRINT FOR YOUR RECORDS**

Thank you for submitting your biennial statement online. The biennial statement submitted through the Biennial Statement e-Filing System has been transmitted to the Department of State.

Transmittal Informational:

DOS ID: 2321456
BUSINESS NAME: LYON CAPITAL MANAGEMENT, LLC
Filing Period: 12/2018
Transmittal Date: 05/20/2020 04:52 PM
Credit Card Auth Code: 141357
Credit Card Trans Id: 200520E3D-E5EEBDFF-ED1A-4945-BC57-59C00EF0ACFE
Last 4 Digits of Credit Card: 2011
Record Number: 20200520000527

The Credit/Debit Card has been charged \$ 9.00 on: 05/20/2020 04:52 PM

Upon successful filing of the electronic biennial statement in the records of the Department of State a filing acknowledgment will be sent to you at the e-Mail address provided:
KATE@LYONCAPITAL.COM.

Please note that modifications made through the e-Statement Filing System may not be reflected in the records of the Department for 1 to 3 business days.

If you have questions regarding your electronic filing please contact us at
corporations@dos.ny.gov

NYS Division of Corporations, State Records & Uniform Commercial Code
One Commerce Plaza, 99 Washington Avenue
Albany, NY 12231-0001
(518) 473-2492

PRINT THIS PAGE
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2020 MAY 29 AM 4:00

Kate Lyon

From: NYS DOS Corporations Ebiennial <Corporations@dos.ny.gov>
Sent: Wednesday, May 20, 2020 9:03 PM
To: Kate Lyon
Subject: NYS DOS Corporations Ebiennial Filing Acknowledgment : 200520060513
Attachments: 200520060513.pdf

**New York State Department of State
Division of Corporations
PLEASE PRINT THIS E-MAIL FOR YOUR RECORDS**

Thank you for submitting the biennial statement for your business entity through the e-Statement Filing System. The biennial statement has been filed with the Department of State.

Attached is a copy of the filed biennial statement for the following business entity:

DOS ID: 2321456
BUSINESS NAME: LYON CAPITAL MANAGEMENT, LLC
Filing date: 05/20/2020
Next Filing Period: 12/2020
E-mail Address: KATE@LYONCAPITAL.COM

The Department of State recommends that you retain this filing acknowledgment and attachment for your records. The Department of State will send an email reminder notice when the next biennial statement for your business entity is due. The notice will be sent to the email address indicated above.

To update your email address, please go to the Department of State's Biennial Statement Email Address Notification website at www.email.ebiennial.dos.ny.gov.

2020 MAY 29 PM 4:00

Biennial Statement

NYS Department of State
Division of Corporations, State Records &
Uniform Commercial Code
<http://www.dos.ny.gov>

BUSINESS NAME: LYON CAPITAL MANAGEMENT, LLC

FILING PERIOD: 12/2018

Part 1 - Service of Process Address (Address must be within the United States or its territories)

| | | |
|---------------------------------------|--------------------|--------------------------|
| Name DOUGLASS C LYON | | |
| Address Line 1 24B GROVE ST | | |
| Address Line 2 | | |
| City PITTSFORD | State NY | Zip Code 14534 |

Signer Information

I affirm that the statements contained herein are true to the best of my knowledge, that I am authorized to sign this Biennial Statement and that my signature typed below constitutes my electronic signature.

| |
|---|
| Electronic Signature KATHLEEN M. LYON |
| Capacity of Signer AUTHORIZED PERSON |

FILED WITH THE NYS DEPARTMENT OF STATE ON: 05/20/2020
FILING NUMBER: 200520060513 - 2321456

2020 May 29 PM 4:00