

P030000081329

HB ACCOUNTING SERVICES  
3121 W. HALLANDALE BCH. BLVD SUITE 115  
PEMBROKE PARK, FL. 33009

(Address)

(City/State/Zip/Phone #)

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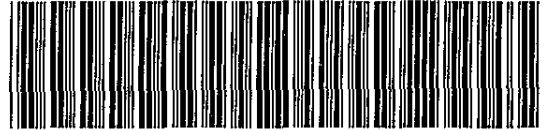
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We the undersigned, as proper persons acting as incorporators of a corporation under the law of the state of Florida, adopt the following articles of incorporation:

**FIRST Name**

The name of the corporation is LIONS ENTERPRISE OF SOUTH FLORIDA, INC.

**SECOND Terms Of Existence**

The period of its duration is PERPETUAL

**THIRD The Purpose of the incorporation**

To engage in the business of financial services.

**FOURTH Corporate capitalization**

- 4.1 The stock of this corporation shall be known as common stock.
- 4.2 The aggregate number of authorized shares is 1,000
- 4.3 The corporation is authorized to have outstanding at any time a maximum of <<500 OF SHARES>> share of common stock, each having <<\$1 PAR VALUE>> par value. The board may choose to at any time and without reason, issue stock for an amount greater than the stated par value.

**FIFTH Provisions for regulating the internal affairs of the corporation are left to the board of directors.**

**SIXTH The name of initial registered agent of the corporation is:  
Herbert McCrea  
And his address is: 18346 N.W. 68 TH AVE # D  
HIALEAH, FL 33015**

**SEVENTH Principal Office  
The address of the principal office is  
21489 NW 2<sup>ND</sup> AVE  
MIAMI, FL 33169**

**EIGHTH Officers**

The officers for this corporation shall be

President: HERBERT McCREA  
Secretary/ Treasury/Director HERBERT McCREA

**NINTH Incorporators**

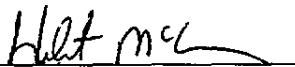
The name and address of the incorporator of these articles of incorporation is as follows:

**Herbert McCrea**  
18346 NW 68 AVE # D  
HIALEAH, FL 33015



\_\_\_\_\_  
Signature of incorporator

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.



\_\_\_\_\_  
Signature of registered Agent

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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