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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 0/25

#### TRANSMITTAL LETTER

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

SUBJECT:LYONS MORTGAGE & INVESTMENTS INC								
Enclosed is our original and one (1) copy of for\$ 78.75								
FROM: David J. Murray Lyons		· •		<u></u>				
2203 Lake Debra Dr #123		·						
ORLANDO, FL. 32835	. ·			• ***				
(407) 365-1070	. <u>.</u>	es.	م د د	- 130 <del>-</del>				

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## ARTICLES OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

### \_ LYONS MORTGAGE & INVESTMENTS INC. \_\_

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

#### ARTICLE I NAME

" LYONS MORTGAGE & INVESTMENTS INC. "

#### ARTICLE II PRINCIPLE OFFICES

2203 Lake Debra Dr #123. Orlando, Fl. 32835

#### ARTICLE III DURATION

The period of its duration is perpetual.

#### ARTICLE IV PURPOSE

The purpose of this corporation is to engage in activities or business permitted under the laws of the United States of America and the State of Florida. The purpose of the corporation shall not be limited, and nothing therein shall be deemed as prohibiting the corporation from extending its activities to any related or otherwise permissible lawful business purpose which may become necessary, profitable or desirable for the furtherance of the corporation objectives. The initial purpose shall be to offer mortgage and investment services.

#### ARTICLE V SHARES OF COMMON STOCK

The corporation is authorized to issue one hundred (100) shares of stock at no par value.

#### ARTICLE VI INITIAL REGISTERED AGENT & ADDRESS

David J. Murray Lyons 2203 Lake Debra Dr #123. Orlando, Fl. 32835

#### ARTICLE VII MANNER OF ELECTION OF OFFICERS & DIRECTORS

Election shall be by plurality of the votes cast by the shares entitled to vote in the election at a meeting at which a quorum is present.

**OFFICERS** Pres. David J. Murray Lyons, 2203 Lake Debra Dr #123., Orlando, Fl. 32835

#### ARTICLE VIII INCORPORATORS

David J. Murray Lyons

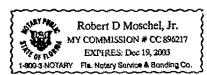
#### ARTICLE IX AMENDMENT OF ARTICLES

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

#### ARTICLE X INDEMNIFICATION

This corporation may be empowered to indemnify any officer or director or any former officer or director in the manner set out and provided for in the laws of this corporation and pursuant to Section 607.014, Florida Statutes, as amended.

IN WITNESS WHEREOF, the undersigned Inco	rporator(s) has executed these Articles
of Incorporation this 15 day of Aug	,20 <u>03</u> .
David J. Murray Lyons	· · · · · · · · · · · · · · · · · · ·
STATE OF FLORIDA COUNTY OF Osceola	
The foregoing instrument was acknowledged before me this  \[ \lambda AV \cdot \ightarrow \tag{Mutras}, \tag{Ligarrow} \tag{Ligarrow} \] who produced	/5 day of // 2003 by who is (X personally known to me, or () as identification and who acknowledged
before me that he/they executed this instrument.	
and I marches.	
Notary Public State of Norida	SEAL



## CERTIFICATE OF DESIGNATION REGISTERED AGENT & OFFICE

Pursuant to the provisions of section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the Registered Agent and Office, in the State of Florida.

Į,	The name of the corporation is: _ LTON	2 MOR	CI GAGE &	IIA A ES I IME	M 12 IIV	U
2.	The name and address of the Registered A	Agent a	nd Office is:			
	David J. Murray Lyons		,•			
_	2203 Lake Debra Dr #123	-	, F**	<del></del>		
	ORLANDO, FL. 32835					

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE OF DESIGNATION 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

Date

SECRETARY OF STATE