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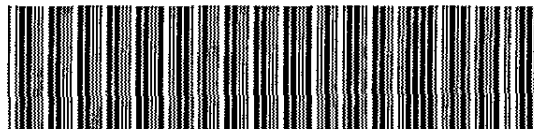
(Business Entity Name)

(Document Number)

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

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Office Use Only



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02/09/04--01027--020 \*\*87.50

RECEIVED  
TALLAHASSEE, FLORIDA

04 MAR -2 PM 2:10

FILED

7/13/11

**TRANSMITTAL LETTER**

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

SUBJECT: The Lyons Company  
(PROPOSED CORPORATE NAME - ~~MUST INCLUDE SUFFIX~~)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: Billie Lyons  
Name (Printed or typed)  
7262 Old River Rd  
Address  
Baker, FL 32531  
City, State & Zip  
850/537-8279  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

## TRANSMITTAL LETTER

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

Subject: The Lyons Company of Northwest Florida, Inc.

Enclosed is an original and one copy of the articles of incorporation our check for \$87.50 for the Filing Fee and Certificate has already been received in your office. We are resubmitting our articles of incorporation because the previous name was not available.

From: Billie Lyons  
7262 Old River Road  
Baker, FL 32531  
850/537-8279



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

February 16, 2004

BILLIE LYONS  
7262 OLD RIVER RD  
BAKER, FL 32531

SUBJECT: THE LYONS COMPANY  
Ref. Number: W04000006617

RECEIVED  
04 MAR -2 PM 12:42  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for THE LYONS COMPANY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Document Examiner  
New Filings Section

Letter Number: 704A00010509

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be:

The Lyons Company of Northwest Florida, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be  
7262 Old River Road  
Baker, FL 32531

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000 shares of common stock

With equal rights to ownership of a share of stock are: the right to vote, the right to share in distributions of earnings and the right to share in assets upon liquidation.

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the initial registered agent are:

Billie Lyons  
7262 Old River Road  
Baker, FL 32531

**ARTICLE V INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation are:

Tony Lyons  
7262 Old River Road  
Baker, FL 32531

Tony Lyons  
Signature / Incorporator

2-4-04  
Date

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.

Billie Lyons  
Signature/Registered Agent

2/4/04  
Date

SECRET  
TALLAHASSEE, FLORIDA

04 MAR -2 PM 2:10

FILED