

P09000069388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

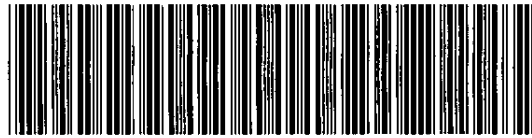
(Business Entity Name)

(Document Number)

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

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08/17/09--01047--017 \*\*\$7.50.

8-18-05

## COVER LETTER

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

**SUBJECT:** LION PATH, INC.  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** PIERRE NICHOLSON  
Name (Printed or typed)

19143 NW 12 COURT  
Address

PEMBROKE PINE, FLORIDA 33029  
City, State & Zip

301-437-7964  
Daytime Telephone number

LIONPATHINC@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

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

# **ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## **ARTICLE I NAME**

The name of the corporation shall be:

LION PATH, INC.

## **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

19143 NW 12 COURT  
PEMBROKE PINE, FLORIDA 33029

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

## **ARTICLE IV SHARES**

The number of shares of stock is:

200,000

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Title: VP  
MICHAEL FALLIN  
19143 NW 12CT  
PEMBROKE PINE, FLORIDA 33029

Title: P  
PIERRE NICHOLSON  
19143 NW 12CT  
PEMBROKE PINE, FLORIDA 33029

Title: SECT  
PIERRE NICHOLSON  
19143 NW 12CT  
PEMBROKE PINE, FLORIDA 33029

Title: TREA  
MICHAEL FALLIN  
19143 NW 12CT  
PEMBROKE PINE, FLORIDA 33029

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

PIERRE NICHOLSON  
19143 NW 12 COURT  
PEMBROKE PINE, FLORIDA 33029

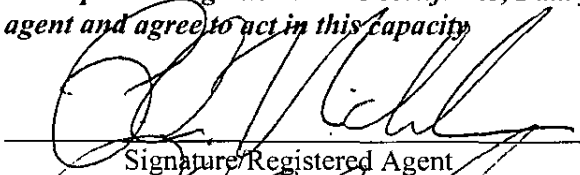
**ARTICLE VII INCORPORATOR**

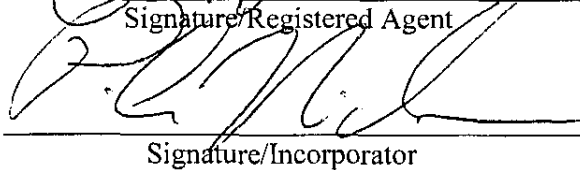
The name and address of the Incorporator is:

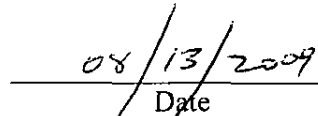
PIERRE NICHOLSON  
19143 NW 12 COURT  
PEMBROKE PINE, FLORIDA 33029

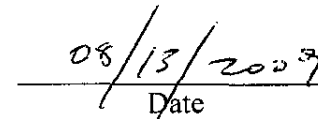
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date