

P11000023433

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

a/46693

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

lionhead investments, inc.

Certificate of Status	0
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Estimated Charge	\$78.75

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

ARTICLE I NAME LIONHEAD INVESTMENTS, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
5884 MICHAUX STREET
BOCA RATON, FL 33433

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

ARTICLE IV SHARES
The number of shares of stock is: 1,000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P-DANIEL DICRISTOFARO
Address: 5884 MICHAUX STREET
BOCA RATON, FL 33433

Name and Title: _____
Address: _____

Name and Title: VP-DANIEL CONTOGIANNIS
Address: 3296 NW 62 STREET
BOCA RATON, FL 33496

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: DANIEL DICRISTOFARO
Address: 5884 MICHAUX STREET
BOCA RATON, FL 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DANIEL DICRISTOFARO
Address: 5884 MICHAUX STREET
BOCA RATON, FL 33433

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


Required Signature/Registered Agent

3/09/2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.


Required Signature/Incorporator

3/09/2011
Date

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STATE
OF FLORIDA

FILED