

P 12000019214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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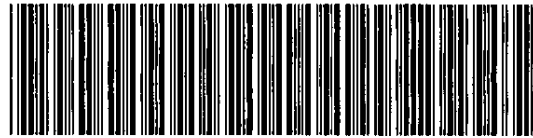
(Business Entity Name)

(Document Number)

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

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2012 FEB 24 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers FEB 27 2012

**COVER LETTER**

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

**SUBJECT: Disaster Preppers Warehouse, 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 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 Road**

Address

**Baker, FL 32531**

City, State & Zip

**850/537-8279**

Daytime Telephone number

**billielyons@lyonsconstruction.info**

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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:

Disaster Preppers Warehouse, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address

7262 Old River Road

Baker, FL 32531

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful purpose.

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Antony Lee Lyons, I, President

Address: 7262 Old River Road

Baker, FL 32531

Name and Title: Billie Lyons, Chief Executive Officer

Address: 7262 Old River Road

Baker, FL 32531

Name and Title: Antony Lee Lyons, II, Vice President

Address: 7262 Old River Road

Baker, FL 32531

Name and Title: Max Lyons, Vice President

Address: 7262 Old River Road

Baker, FL 32531

Name and Title: Jonathan Lyons, Vice President

Address: 7262 Old River Road

Baker, FL 32531

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: Billie Lyons

Address: 7262 Old River Road

Baker, FL 32531

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Antony Lyons, I

Address: 7262 Old River Road

Baker, FL 32531

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

Billie Lyons

Required Signature/Registered Agent

February 21, 2012

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.

Antony Lyons

Required Signature/Incorporator

February 21, 2012

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
51157