

P13000065405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600250211266

08/05/13--01007--004 \*\*70.00

FILED  
13 AUG -5 PM12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ymd 8/8

## TRANSMITTAL LETTER

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

SUBJECT: ANN M LYONS, INC  
(Proposed corporate name - must include suffix)

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

☒ \$70.00      ☐ \$78.75      ☐ \$122.50      ☐ \$131.25

FROM: ANN M LYONS INC  
Name (printed or typed)

2113 CLIFTON DR  
Address

VALPICO FL 33549  
City, State & Zip

813-681-4011  
Daytime Telephone number

**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: ANN M LYONS, INC

**ARTICLE II      PRINCIPAL OFFICE**

Principal street address

2113 CLIFTON DR  
VALRICO, FL 33594

**ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is: THE CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA OR ANY OTHER STATE, COUNTY, TERRITORY, OR NATION.

**ARTICLE IV      SHARES**

The number of shares of stock is: 100

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

Name and Title: ANN M LYONS-PRESIDENT

Address:      2113 CLIFTON DR  
                 VALRICO, FL 33594

Address:

**ARTICLE VI      REGISTERED AGENT**

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

Name:      ANN M LYONS  
Address: 2113 CLIFTON DR  
                 VALRICO, FL 33594

**ARTICLE VII      INCORPORATOR**

The name and address of the Incorporator is:

Name:      ANN M LYONS  
Address: 2113 CLIFTON DR  
                 VALRICO, FL 33594

*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*

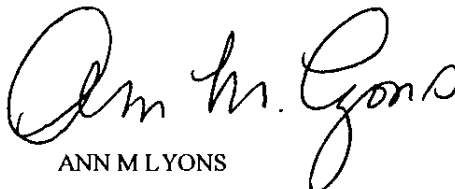
Required Signature/Registered Agent

  
ANN M LYONS

Date 8-1-13

*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

  
ANN M LYONS

Date 8-1-13

FILED  
13 AUG -5 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA