

PA000078576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

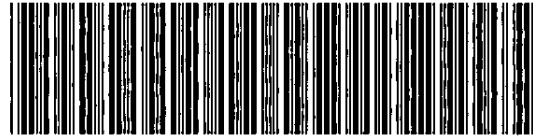
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE FL 32399

## COVER LETTER

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

SUBJECT: **LION DYNASTY, 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

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: **EUCHEN O RICHARDS**

Name (Printed or typed)

**7900 NW 37 DRIVE APT B**

Address

**CORAL SPRINGS, FL 33065**

City, State & Zip

**954-294-7995**

Daytime Telephone number

**EUCHENRICHARDS@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 DYNASTY, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7900 NW 37 DRIVE APT B  
CORAL SPRINGS, FL 33065

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: EUCHEN O. RICHARDS, OWNER

Name and Title: \_\_\_\_\_

Address 7900 NW 37 DRIVE

Address: \_\_\_\_\_

APT B

CORAL SPRINGS, FL 33065

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

14 SEP 19 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE FL 32304

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: EUCHEN O. RICHARDS

Address: 7900 NW 37 DRIVE, APT B

CORAL SPRINGS, FL 33065

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: EUCHEN O. RICHARDS

Address: 7900 NW 37TH DRIVE, APT B

CORAL SPRINGS, FL 33065

*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

AUGUST 12, 2014

\_\_\_\_\_  
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

AUGUST 12, 2014

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA