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SECRETARY OF STATE



6-23-15 ex

COVER LETTER

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

SUBJECT: LIONHEART HOLDINGS & INVESTMENT GROVP, INC., (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$87.50 \$70.00 \$78.75 \$78.75 Filing Fee, Filing Fee Filing Fee Filing Fee & Certified Copy & Certificate of Status Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: MARVIN H, COX
Name (Printed or typed) 18583 BRIDLE CLUB DRIVE TAMPA, FLORINA 33647
City, State & Zip 813 - 351 - OB GO Daytime Telephone number

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

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

The name of the corpora	E ation shall be: <u>LION/HEART HOA</u>	101165 \$	INVESTMENT BY	our 1
ARTICLE II PRIN		,	Mailing address, if different is:	
(SUNTRUST	TOWER SVITE 2340			
	WRIDA 33602			
	OSE the corporation is organized is: REAL INESS HOLOING.			<u>113</u>
ARTICLE IV SHAR The number of shares o	RES f stock is: //// AL OFFICERS AND/OR DIRECTORS		15 JUN 19 P	SECRETARY OF TALLAHASSEE
Name and Titl	e: MARVIN H. COX, CEO	Name and Title	PA 2:	-F8-
Address	18583 BRIDLE CLUB DR	, Address:	53	RIDA
	TAMPA, FLORIDA 33647			
Name and Title	o:	Name and Title	: <u></u>	<u></u>
Address		Address:		
				<u>-</u>
Name and Title	o:	Name and Title	:	
Address		Address:		

Address	Ad	dress:			
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:					
Name:	MARVIN H, COX				
Address:	18583 BRIOLE CLUB DR.				
	TAMPA, FLORIDA 33647				
ARTICLE VII	NCORPORATOR				
The name and ad	dress of the Incorporator is:				
Name:	MANUN H. COX				
Address:	18583 BRIDLE CLUB DR.				
	TAMPA, FLORIDA 33647				
Effective date, if o	EFFECTIVE DATE: Other than the date of filing: JULY 1, 20) ate is listed, the date must be specific and cannot be ing.)				
	inserted in this block does not meet the applicable statu fective date on the Department of State's records.	tory filing requirements, this date will not be listed as			
this certificate, I a	ned as registered agent to accept service of process for t im familiar with and accept the appointment as register				
Main	· 10. 18%	JUNE 11, 2015			
,	Required Signature/Registered Agent	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.					
Main	· A. 184	JUNE 11, 2015			
Requir	ed Signature/Incorporator	Date			

Name and Title:_______Name and Title:______