

(Re	equestor's Name)			
. (Ad	idress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
<u></u>	WAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



300274272093

06/23/15--01008--007 \*\*78.75



## **COVER LETTER**

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

SUBJECT: Lion	heart Books, Inc.		
SOBJECT:	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an o	original and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fed	Filing Fee & Certificate of Status	\$78.75 Filing Fee	\$87.50 Filing Fee, Certified Copy
	& Certificate of Status	& Certified Copy	& Certificate of Status
	ADDITIONAL COPY REQUI		PY REQUIRED
FROM:	James R. Attkisson		
TROWL.	Namo	(Printed or typed)	
	9600 Koger Boulevard Suite 105		
-	4	Address	
	St. Petersburg, Florida 33702		
•	City,	State & Zip	
	727-576-3803		
-	Daytime T	elephone number	<del>, , , , , , , , , , , , , , , , , , , </del>
	Jattkisson@attkissoncpa.com		
	E-mail address: (to be use	d 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)

<u>ICLE II PRINC</u>			10 1100	
Principal <u>street</u> address 0 Koger Boulevard Suite 105		Mailing address, if different is:		
Petersburg, Florida				
TIČLE III PURP	20SF			
purpose for which	the corporation is organized is:	e and market books based on the	e life of Dan Wheldon,	
all other legal purp	oses permitted by Florida Statute.			
FICLE IV SHAR				
	ES 100 stock is:			
number of shares of				
number of shares of	stock is:  AL OFFICERS AND/OR DIRECTORS			
number of shares of FICLE V INITIA Name and Titl	stock is:  AL OFFICERS AND/OR DIRECTORS	Name and Title:		
number of shares of	AL OFFICERS AND/OR DIRECTORS Susan Wheldon c/o 9600 Koger Boulevard Suite 105	Name and Title:		
number of shares of FICLE V INITIA Name and Titl	AL OFFICERS AND/OR DIRECTORS Susan Wheldon	Name and Title:		
number of shares of FICLE V INITIA Name and Titl	AL OFFICERS AND/OR DIRECTORS Susan Wheldon c/o 9600 Koger Boulevard Suite 105	Name and Title:		
number of shares of FICLE V INITIA Name and Titl Address	AL OFFICERS AND/OR DIRECTORS Susan Wheldon c/o 9600 Koger Boulevard Suite 105 St. Petersburg, Florida 33702	Name and Title:Address:		
number of shares of  FICLE V INITIA  Name and Title  Address  Name and Title	AL OFFICERS AND/OR DIRECTORS Susan Wheldon c/o 9600 Koger Boulevard Suite 105 St. Petersburg, Florida 33702	Name and Title:  Address:  Name and Title:	15 JUN 2:	
number of shares of FICLE V INITIA Name and Titl Address	AL OFFICERS AND/OR DIRECTORS Susan Wheldon c/o 9600 Koger Boulevard Suite 105 St. Petersburg, Florida 33702	Name and Title:  Address:  Name and Title:	15 JUN 23	
number of shares of  FICLE V INITIA  Name and Title  Address  Name and Title	AL OFFICERS AND/OR DIRECTORS Susan Wheldon c/o 9600 Koger Boulevard Suite 105 St. Petersburg, Florida 33702	Name and Title:  Address:  Name and Title:  Address:	15 JUN 23 AH	
number of shares of  FICLE V INITIA  Name and Title  Address  Name and Title	AL OFFICERS AND/OR DIRECTORS  Susan Wheldon  c/o 9600 Koger Boulevard Suite 105  St. Petersburg, Florida 33702	Name and Title:  Address:  Name and Title:  Address:	15 JUN 23	
number of shares of  FICLE V INITIA  Name and Title  Address  Name and Title	AL OFFICERS AND/OR DIRECTORS Susan Wheldon c/o 9600 Koger Boulevard Suite 105 St. Petersburg, Florida 33702	Name and Title:  Address:  Name and Title:  Address:	15 JUN 23 AH 8	
number of shares of  FICLE V INITIA  Name and Title  Address  Name and Title  Address	AL OFFICERS AND/OR DIRECTORS  Susan Wheldon  c/o 9600 Koger Boulevard Suite 105  St. Petersburg, Florida 33702	Name and Title:  Address:  Name and Title:  Address:	15 JUN 23 AH 8: 12	
number of shares of  FICLE V INITIA  Name and Title  Address  Name and Title  Address	AL OFFICERS AND/OR DIRECTORS  Susan Wheldon  c/o 9600 Koger Boulevard Suite 105  St. Petersburg, Florida 33702	Name and Title:  Address:  Name and Title:  Address:  Name and Title:	15 JUN 23 AH 8: 12	

Name ar	nd Title:	Name and Title:	
Address	S		
			<u> </u>
ARTICLE VI	<u>REGISTERED AGENT</u>	•	
The <u>name and F</u>	Iorida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	Susan Wheldon		
Address:	9600 Koger Boulevard Suite 105		
	St. Petersburg, Florida 33702		
		5 5 C	
ARTICLE VII	<u>INCORPORATOR</u>		F (
The <u>name and a</u>	ddress of the Incorporator is:	23	1
Name:	James R. Attkisson		**************************************
Address:	9600 Koger Boulevard Suite 105	——————————————————————————————————————	i.,.,
	St. Petersburg, Florida 33702	re.	
ARTICLE VIII	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)	
		not be more than five business days prior or 90 busine	:SS
days after the fi		•	
	e inserted in this block does not meet the applica effective date on the Department of State's recon-	ble statutory filing requirements, this date will not be listed ds.	i as
		ess for the above stated corporation at the place designate registered agent and agree to act in this capacity	ed in
7	and I V	June 18, 2015	
1/	Required Signature/Registered Agent	Date	
	cument and affirm that the facts stated herein Department of State constitutes a third degree fo	ire true. I am aware that the false information submitted lony as provided for in s.817.155, F.S.	l in a
7	12 A-1 -	June 18, 2015	
Requi	ired Signature/Incorporator	Date	_

N. 74

-25