

PI5000083265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

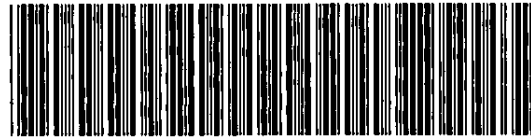
(Document Number)

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~~W15-62411~~

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT - 9 2015

T. DOMIN

## COVER LETTER

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

**SUBJECT:** DOUG LYONS COMMUNICATIONS, 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:** Douglas C. Lyons

\_\_\_\_\_  
Name (Printed or typed)

12366 Colony Preserve Drive

\_\_\_\_\_  
Address

Boynton Beach, Florida 33436

\_\_\_\_\_  
City, State & Zip

954-205-3387

\_\_\_\_\_  
Daytime Telephone number

doughlyonscomm@gmail.com

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 21, 2015

DOUGLAS C. LYONS  
12366 COLONY PRESERVE DRIVE  
BOYNTON BEACH, FL 33436

SUBJECT: DOUG LYONS COMMUNICATIONS, INC.  
Ref. Number: W15000062411

We have received your document for DOUG LYONS COMMUNICATIONS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Teresa Brown  
Regulatory Specialist II

Letter Number: 615A00019865

**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: Doug Lyons Communications, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

12366 Colony Preserve Dr.

Boynton Beach, FL 33436

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To develop multi-media strategies to advance profit and non for profit organizations marketing and public relations efforts through print, broadcast and social media.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Douglas C. Lyons, Pres/CEO

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

Address 12366 Colony Preserve Dr.

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

Boynton Beach, FL 33436

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

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

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

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

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: Douglas C. Lyons

Address: 12366 Colony Preserve Dr.

Boynton Beach, FL 33436

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Douglas C. Lyons

Address: 12366 Colony Preserve Dr.

Boynton Beach, FL 33436


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: October 1, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

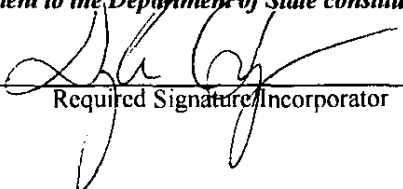


\_\_\_\_\_  
Required Signature/Registered Agent

September 9, 2015

\_\_\_\_\_  
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

September 9, 2015

\_\_\_\_\_  
Date