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C. GOLDEN
NOV - 9 2016

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LION GOLD MINING, INC.

Signature _____

Requested by: SETH

11/08/16

Name

Date

Time

Walk-In

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

SUBJECT: LION GOLD MINING, 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: JOHN P MILLER

Name (Printed or typed)

2499 GLADES RD STE 304

Address

BOCA RATON, FL 33431

City, State & Zip

561-368-9777

Daytime Telephone number

jpmcpapa@bellsouth.net

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)

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ARTICLE I NAME

The name of the corporation shall be: LION GOLD MINING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4201 N. FEDERAL HIGHWAY
POMPANO BEACH, FL 33064

Mailing address, if different is:
4201 N. FEDERAL HIGHWAY
POMPANO BEACH, FL 33064

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 3,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SOUZA, SOSTENES, P-D

Address: 3817 NW 62ND ST
COCONUT CREEK, FL 33073 US

Name and Title: DE SOUZA, WANDERSON L., S-D

Address: RUA VINTE E QUATRO N: 59
BAIRRO TROPICAL CONTAGEM,
MG 32070-590 BRAZIL

Name and Title: ALVES, GABRIEL P, T-D

Address: RUA POUSO ALTO N: 138
BETIM, MB 32675-462 BRAZIL

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

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: JOHN P MILLER
Address: 2499 GLADES ROAD SUITE 304
BOCA RATON, FL 33431

ARTICLE VII INCORPORATOR

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

Name: JOHN P. MILLER
Address: 2499 GLADES ROAD SUITE 304
BOCA RATON, FL 33431

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/08/2016, (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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 11-8-16
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 11-8-16
Date

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