

**P19000030314**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
LYONS SALES INC.**

Certificate of Status	0
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18-0112

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TR 4/8/19

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**COVER LETTER**

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

**SUBJECT:** LYONS SALES 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:** FILE RIGHT LLC

Name (Printed or typed)

5314 16TH AVE, SUITE 139

Address

BROOKLYN, NY 11204

City, State &amp; Zip

718-878-5811

Daytime Telephone number

sales@fileacorp.com

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

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

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**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: LYONS SALES INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

670 SW 18TH STREET670 SW 18TH STREETBOCA RATON, FL 33486BOCA RATON, FL 33486**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ASHER BLUMENBERG, OFFICER

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

Address: 670 SW 18TH STREET

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

BOCA RATON, FL 33486Name and Title: CHAIM SHIMIEL GROSS, OFFICER

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

Address: 670 SW 18TH STREET

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

BOCA RATON, FL 33486

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

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

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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: CHAIM SHMIEL GROSS  
 Address: 670 SW 18TH STREET  
 BOCA RATON, FL 33486

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: MARK FUCHS  
 Address: 5314 16TH AVE, SUITE 139  
 BROOKLYN, NY 11204

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

_____ /s/ Chaim Shmiel Gross	4/8/19
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.*

_____ /s/ Mark Fuchs	4/8/19
Required Signature/Incorporator	Date

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