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TALLAHASSEE, FL

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AUG 19 2019

## COVER LETTER

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

**SUBJECT:** Diane and Harvey Simon 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:** Diane Carter Lyons  
Name (Printed or typed)

2100 Kenilworth Avenue  
Address

Daytona Beach, FL 32119  
City, State & Zip

7274812222  
Daytime Telephone number

Dcartersimon@gmail.com  
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)

**ARTICLE I NAME**

The name of the corporation shall be Diane and Harvey Simon, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address	Mailing address, if different is:
<u>2100 Kenilworth Avenue</u>	_____
<u>Daytona Beach, FL 32119</u>	_____
_____	_____
_____	_____

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

Real Estate Investment

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: <u>Diane Carter Lyons (AKA Simon), COO</u>	Name and Title: _____
Address: <u>2100 Kenilworth Avenue</u>	Address: _____
<u>Daytona Beach, FL 32119</u>	_____
_____	_____

Name and Title: <u>Rachael Kalin Simon,</u>	Name and Title: _____
Address: <u>Trustee for Harvey Simon, CEO</u>	Address: _____
<u>2718 Bryant Avenue</u>	_____
<u>Las Vegas, NV 89102</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

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 TALLAHASSEE, FL  
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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: Diane Carter Lyons ( AKA Simon) \_\_\_\_\_  
 Address: 2100 Kenilworth Avenue \_\_\_\_\_  
 Daytona Beach, FL 32119 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Diane Carter Lyons ( AKA Simon ) \_\_\_\_\_  
 Address: 2100 Kenilworth Avenue \_\_\_\_\_  
 Daytona Beach, FL 32119 \_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 08/06/19 (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*

Diane Carter Lyons (AKA SIMON) \_\_\_\_\_ 08/06/19 \_\_\_\_\_  
 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.*

Diane Carter Lyons (AKA SIMON) \_\_\_\_\_ 08/06/19 \_\_\_\_\_  
 Required Signature/Incorporator Date

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