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Division of Corporations

Florida Department of State  
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## To:

Division of Corporations  
Fax Number : (850)617-6381

## From:

Account Name : GASSMAN, CROTTY & DENICOLA, P.A.  
Account Number : 07535000514  
Phone : (727)442-1200  
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FLORIDA DEPARTMENT OF STATE  
BUREAU OF COMMERCIAL SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION  
ANDY M. LYONS, P.A.

Certificate of Status	0
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Page Count	03
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#12000152905

**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: ANDY M. LYONS, P.A.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

4013 LITTLE ROADNEW PORT RICHEY, FL 34655**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS RELATED TO THE PRACTICE OF LAW.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ANDREW M. LYONS, PRESIDENT

Name and Title:

Address 4103 LITTLE ROAD

Address:

NEW PORT RICHEY, FL 34655Name and Title: KAREN A. LYONS, SECRETARY

Name and Title:

Address 4103 LITTLE ROAD

Address:

NEW PORT RICHEY, FL 34655

Name and Title:

Name and Title:

Address

Address:

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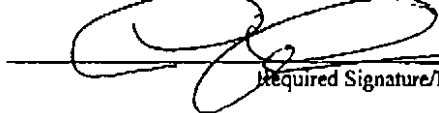

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: ANDREW M. LYONSAddress: 4103 LITTLE ROADNEW PORT RICHEY, FL 34655**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: CHRISTOPHER J. DENICOLA, ESQUIREAddress: 1245 COURT STREETCLEARWATER, FL 33756**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*  
\_\_\_\_\_  
Required Signature/Registered Agent4/13/2022  
\_\_\_\_\_  
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/Incorporator4/13/2022  
\_\_\_\_\_  
Date

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