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## **COVER LETTER**

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

SUBJECT: LIONS POLICE TO SUBJECT: LIONS POLICE 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 CO	PY REQUIRED			

FROM: Printed or typed)
Name (Printed or typed)
6424 Lauren Court
Oplando FC. 32818 City, State & Zip
1107-613-0739 Daytime Telephone number
MAR Ein CRAMU 23 D MAIL 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)

CLE II PRINCIPAL OFFIC			Mailing address,	if different is:
Principal <u>stre</u>	_		istannig addices,	n director is.
24 LAUREN				
alando FC	32818	<u></u>		
CLE III PURPOSE				
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umber of shares of stock is:	S AND/OR DIRECTOR.	S Name and Titl	le: <i>(</i>	)
umber of shares of stock is:	SAND/OR DIRECTOR.	12 Name and Titl	le:_ <i>(</i>	
Umber of shares of stock is:	SANDIOR DIRECTOR. My W Mork Lauren Cu	12 Name and Titl	le:	
Umber of shares of stock is:	SAND/OR DIRECTOR.  My W Mark  Lauren Gi  ndo F	**End Name and Title** **CONT Address:***********************************	le:	
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Name and Title:	Name and Title:	
Address	Address:	<del></del>
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box		
Name: Ylany	Martin	
Address: 04/24/	auner Court	
<del></del>	FC 32818	
Marico,	87 87	
ARTICLE VII INCORPORATOR		
		i A 20
The <u>name and address</u> of the Incorporator is:	20 /-	2023 JAN-4 PALL AHASSE
Name: Knanyli	MARTIN	A A
Address: 6424 200	Martin men Court	SS: +
aland	F132818	JAN-4 AM 3:5
OHLARED	010	
ARTICLE VIII EFFECTIVE DATE:		<u>.</u> 5
Effective date, if other than the date of filing:	. (OPTIONAL	.)
(If an effective date is listed, the date must be filing.)		
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Required Signature/Re	gistered Agent	Date
submit this document and affirm that the fac-		
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		Pate 1/25/5
Required Signature/Incorporator		into · / ·