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DATE:

06/24/24

NAME:

SIX LYONS, INC

TYPE OF FILING: ARTICLES

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

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

SUBJECT: Six Lyons, Inc. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)						
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	la check for:			
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
FROM:	Nam	e (Printed or typed)				
		Address				
_	City	. State & Zip				
	Daytime	Telephone number				
	E-mail address: (to be use	ed for future annual report n	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)

RTICLE II PRIN	CIPAL OFFICE Principal <u>street</u> address		Mailing address, if different is: c/o Devon Lyons, 433 Plaza Real, Suite 275 Boca Raton, FL 33432		
3 Plaza Real, Suite	275	c/o Dev			
oca Raton, FL 3343	2	Boca R			
RTICLE III PURP ne purpose for which	OSE the corporation is organized is: Holding	ng Company			
RTICLE IV SHAR e number of shares of			,		
	AL OFFICERS AND/OR DIRECTORS		7. C.1.18 1-0.02		
Name and Titl	e: Devon Lyons, Director	Name and Tit	le:		
Name and Titl Address	e: Devon Lyons, Director 433 Plaza Real, Suite 275	Name and Tit Address:	le:		
			le:		
Address	433 Plaza Real, Suite 275	Address:	le:		
Address	433 Plaza Real, Suite 275 Boca Raton, FL 33432	Address: Name and Tit Address:	le:		
Address Name and Title	433 Plaza Real, Suite 275 Boca Raton, FL 33432	Address: Name and Tit Address:	le:		
Address Name and Title Address	433 Plaza Real, Suite 275 Boca Raton, FL 33432	Address: Name and Tit Address:	le:		

Name and	l Title:	Name and Title:	
Address		Address:	<u>.</u>
	REGISTERED AGENT		· -
The <u>name and Fle</u> Name:	orida street address (P.O. Box NOT acceptable) Paracorp Incorporated	e) of the registered agent is:	
Address:	155 Office Plaza Drive, 1st Floor		
	Tallahassee, FL 32301		
ARTICLE VII	NCORPORATOR		500 July 150
The name and ad-	dress of the Incorporator is:		
Name:	Devon Lyons, Incorporator		
Address:	433 Plaza Real, Suite 275		
	Boca Raton, FL 33432	<u>.</u>	
Effective date, if of	EFFECTIVE DATE: other than the date of filing:ate is listed, the date must be specific and ca	. (OPTIONAL) nnnot be more than five days pri	or or 90 days after the
	inserted in this block does not meet the applic fective date on the Department of State's reco		this date will not be listed as
	ed as registered agent to accept service of proce miliar with and accept the appointment as reg		
:	SEE ATTACHED		June 20, 2024
	Required Signature/Registered Agent		Date
	iment and affirm that the facts stated herein Department of State constitutes a third degree f		
_ Devon Goi	us		June 20, 2024
Rci 4A7911FFB8A646	r :corporator	Date	

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 6/21/2024

ENTITY NAME: Six Lyons, Inc.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated