Keith Lyons 971 Gelwood Ave Orlando, Fl. 32807 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. (Corporation Name) (Document #) 2. (Corporation Name) (Document #) 3. (Corporation Name) (Document #) 4. (Corporation Name) (Document #) Walk in Pick up time _____ Certified Copy Certificate of Status Mail out ☐ Will wait Photocopy NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS **QUALIFICATION** Annual Report Forcign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Other

Examiner's Initials M. 9 5 P



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 25, 1997

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KEITH LYONS 971 GELWOOD AVENUE ORLANDO, FL 32807

SUBJECT: LYONS, INC. Ref. Number: W97000017166

We have received your document for LYONS, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6926.

Letter Number: 397A00037688

Tracy Meyer Document Specialist

ARTICLES OF INCORPORATION

LYONS WATERFALLS INC,

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the state of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

LYONS WATERFALLS INC,

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of engaging in any activities or business permitted under the law of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue <u>Five Hundred</u> shares (500) of <u>One Dollar(s)</u> (\$1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office or the mailing address of the corporation is:

NAME	LIONS WATE	CRFALLS INC,		
ADDRESS	971 Gelwood Ave	enue		
CITY	Orlando	FLORIDA	ZIP	32807

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	Keith Lyons			•
ADDRESS	971 Gelwood Avenue			
CITY	Orlando	FLORIDA	ZIP 32807	

ARTICLE V - INITIAL BOARD OF DIRECTORS

This corporation shall have two (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but never shall be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Keith Lyons			
ADDRESS	971 Gelwood Avenue			
CITY	Orlando	FLORIDA	ZIP 32807	
NAME	Charles E. De Armond			
ADDRESS	514 Riomar Avenue			
CITY	Orlando	FLORIDA	ZIP 32828	····-·
NAME				
ADDRESS				=
CITY			ZIP	
NAME				
ADDRESS				
CITY	· · · · · · · · · · · · · · · · · · ·		ZIP	

ARTICLE V - INCORPORATORS

es and addresses of the incorporators signing these Articles of Incorporation are as follows:

THE HALLES	and addresses of the inco	rporators sign	iiig iiiese Ailic	ies of filcorp	oration are as	i lulluvva,	
NAME	Keith Lyons						
ADDRESS	,971 Gelwood Avenue						
CITY	Orlando		FLORIDA		ZIP 32807		
NAME	Charles E. De Armond						
ADDRESS	514 Riomar Avenue						
CITY	Orlando		FLORIDA.		ZIP_32828		
NAME							
ADDRESS							
CITY			FLORIDA		ZIP		
NAME							
ADDRESS							
CITY			FLORIDA		ZIP		
day of July	, · · · · <u>· · · · · · · · · · · · · · ·</u>		Mash.		Jan C		(Seal) (Seal) (Seal)
STATE OF F			<u></u>				(Seal)
COUNTY OF		S					
before me, a appeared	Notary Public authorized	to take ackno	wledgments in	the State a	nd County set	forth above,	personally
known to me before me th	e and known to be person nat they executed these Ar	s) who execu ticles of Incor	ted the forgoin poration.	g Articles of	Incorporation	, and who ac	knowledge
IN WITNES	S WHEREOF, I have here	unto affixed n	ny hand and se	al, in the St	ate and Count	y aforesaid, i	his_ <u>18</u>
day of	Jly 19 <u>97</u>	•	0 1	/	7 11	//	_
(No	otary Seal)	(Notary	Public, State of F	o († Torida at Large	- Muy		
		My Con	nmission expires:	11/20	102		

RICHARD P HUFF My Commission CC329072 Expires Oct. 29, 1997 Bonded by ANB 800-852-8878

10/29/97

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT
OF

LYONS WATERFALLS INC,

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the articles of Incorporation at

971 Gelwood Avenue, Orlando, FL 32807

has named Keith Lyons located at:

971 Gelwood Avenue, Orlando, FL 32807

as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I heareby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

Keith Lyons