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TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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-08/17/98--01044--002  
\*\*\*122.50 \*\*\*122.50

SUBJECT: LYONS HOLDING & INVESTMENTS, INC.

Enclosed is our original and one (1) copy of the Articles of Incorporation and our check  
for \$122.50

FROM: DAVID J. MURRAY-LYONS

2203 LAKE DEBRA DR. #123

ORLANDO, FL. 32835

(407) 765-1070

FILED  
98 AUG 17 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION  
OF**

**\_\_LYONS HOLDING & INVESTMENTS, INC.\_\_**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

"LYONS HOLDING & INVESTMENTS, INC."

**ARTICLE II PRINCIPLE OFFICES**

2203 LAKE DEBRA DR. #123  
ORLANDO, FL. 32835

**ARTICLE III DURATION**

The period of its duration is perpetual.

**ARTICLE IV PURPOSE**

The purpose of this corporation is to engage in activities or business permitted under the laws of the United States of America and the State of Florida. The purpose of the corporation shall not be limited, and nothing therein shall be deemed as prohibiting the corporation from extending its activities to any related or otherwise permissible lawful business purpose which may become necessary, profitable or desirable for the furtherance of the corporation objectives.

**ARTICLE V SHARES OF COMMON STOCK**

The corporation is authorized to issue one hundred (100) shares of stock at no par value.

**ARTICLE VI INITIAL REGISTER AGENT & ADDRESS**

David J. Murray-Lyons  
2203 Lake Debra Dr. #123  
Orlando, Fl. 32835

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**ARTICLE VII MANNER OF ELECTION OF OFFICERS & DIRECTORS**

Election shall be by plurality of the votes cast by the shares entitled to vote in the election at a meeting at which a quorum is present.

**OFFICERS** President David J. Murray-Lyons, 2203 Lake Debra Dr., Orlando, Fl. 32835

**ARTICLE VIII INCORPORATORS**

David J. Murray-Lyons, SS# 591-17-3343

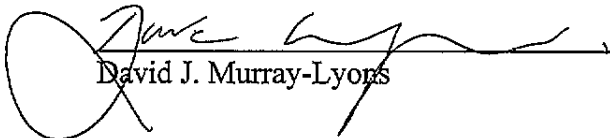
**ARTICLE IX AMENDMENT OF ARTICLES**

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

**ARTICLE X INDEMNIFICATION**

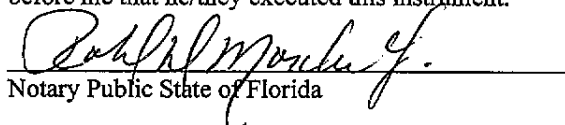
This corporation may be empowered to indemnify any officer or director or any former officer or director in the manner set out and provided for in the laws of this corporation and pursuant to Section 607.014, Florida Statutes, as amended.

**IN WITNESS WHEREOF**, the undersigned Incorporator(s) has executed these Articles of Incorporation this 14 day of Aug, 19 98.

  
David J. Murray-Lyons

STATE OF FLORIDA  
COUNTY OF Osceola

The foregoing instrument was acknowledged before me this 14 day of Aug, 19 98 by DAVID J. Murray-Lyons, who is ☒ personally known to me, or ☐ who produced \_\_\_\_\_ as identification and who acknowledged before me that he/they executed this instrument.

  
Notary Public State of Florida



ROBERT D. [unclear]  
My Comm Exp. 12/19/99  
Bonded By Service Ins  
No. CC514698  
☒ Personally Known ☐ Other I.D.

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT & OFFICE**

Pursuant to the provisions of section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the Registered Agent and Office, in the State of Florida.

1. The name of the corporation is: LYONS HOLDING & INVESTMENTS, INC.

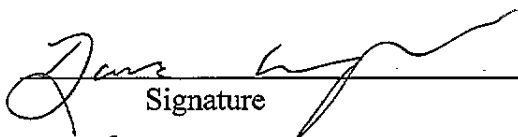
2. The name and address of the Registered Agent and Office is:

DAVID J. MURRAY-LYONS

2203 LAKE DEBRA DR. #123

ORLANDO, FL. 32835

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE OF DESIGNATION IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

  
Signature

8-14-98  
Date

FILED  
98 AUG 17 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA