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TRANSMITTAL LETTER

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

200002997542--0  
-09/27/99--01096--012  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: FAHEY & LYONS ENTERPRISES, INC.  
(Proposed corporate name - must include suffix)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 SEP 27 AM 7:49

FILED

Enclosed is an original and one (1) copy of the articles of incorporation and check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: Robert Lyons  
Name (printed or typed)  
8635 Leighton Dr.

Address  
Tampa, Florida 33614

City, State & Zip  
813-931-3068

Daytime Telephone number

F. CHESNEY OCT 1 1999

NOTE: Please provide the original and one copy of the articles.

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## ARTICLES OF INCORPORATION

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

### **ARTICLE I NAME**

The name of the corporation shall be:

FAHEY & LYONS ENTERPRISES, INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

9403 N. Armenia Ave.  
Tampa, Florida 33612

### **ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

50 shares of common stock @ \$10.00 per share

### **ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the initial registered agent are:

Robert Lyons  
9403 N. Armenia Ave.  
Tampa, Florida 33612

### **ARTICLE V INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation are:

Robert Lyons  
8653 Leighton Dr.  
Tampa, Florida 33614

  
Signature/Incorporator

9-2-99

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated 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/Registered Agent

9-2-99

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 SEP 27 AM 7:19

FILED