# F2100001703

(Requestor's Name)			
(Address)			
(Ad	ldress)		
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# **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Stan Boyett & Son, Ir	nc.		
	lame of corporation	a - must include suffix	
Dear Sir or Madam:			
	ficate of Good Star	Authorization to Transact Business in nding" and check are submitted to reg ess in Florida.	
Please return all correspondence cor	ncerning this matte	r to the following:	
Kathleen H. Hollowell			
	Name of	Person	<del></del> -
Stan Boyett & Son, Inc.			
	Firm/Con	npany	
601 McHenry Avenue			~ ;
·····	Addr	ess	
Modesto, CA 95350			, -
	City/State a	and Zip code	
khollowell@boyett.net			
E-mail a	ddress: (to be used	for future annual report notification)	13
For further information concerning	this matter, please	call:	19 5
Kathleen H. Hollowell	209 at (	577-6000	
Name of Person	Area Cod		r
STREET/COURIER ADI Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Sui Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
<del>=</del>	DA DEPARTMENT	□ \$78.75 Filing Fee & □ \$87.50 Certified Copy Certifi	Filing Fee, cate of Status & ed Copy

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Stan Boyett &	Son, Inc.		
	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp,")	" "COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busine	ess in Florida)
•		• • •	
(State or countr		94-2456460 (FEI number, if applicable)	
(Date	of incorporation) 5.	(Date of duration, if other than perp	netual)
6			
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
3 601 McHenry A	venue, Modesto, CA 95350	,	
/		ice street address)	
			~3
	(Current maili	ng address, if different)	:
8. Name and street	et address of Florida registered agent: (P.G	D. Box <u>NOT</u> acceptable)	. ;
Name:	InCorp Services, Inc.		•
Office Address:	17888 67th Court North		۲. د.
	Loxahatchee	, Florida	. ,
	(City)	(Zip code)	

### 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Jackie DeFilippis on behalf of InCorp Services, Inc.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS					
<b>□</b> Chairman	Name:	□ Chairman	John Kruse		
□ Vice Chairman	Address:	□Vice Chairman	Address:		
□Director	Modesto, CA 95350	Director	Modesto, CA 95350		
President		□President			
□Vice President		■ Vice President	<del> </del>		
□Secretary	□Treasurer	□Secretary	Treasurer		
□Other	Other	□Other	Other		
□Chairman	Name:	□Chairman	Ken Berns Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director	Modesto, CA 95350	Director	Modesto, CA 95350		
□President		□President			
□Vice President		■ Vice President			
□Secretary	□Treasurer	☐ Secretary	☐ Treasurer		
Asst. Se ■Other	cretary CLO ■Other	□Other	□Other		
□Chairman	Name:	□Chairman	Clark Nakamura		
□Vice Chairman	Address:	□Vice Chairman	Address:		
■Director	Modesto, CA 95350	<b>■</b> Director	Modesto, CA 95350		
□President		□President			
■Vice President		■ Vice President			
☐ Secretary	□Treasurer	☐ Secretary	☐ Treasurer		
□Other	Other	Other	Other		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.					
12.	Signature of Director or	r Officer			
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in					

Kathleen H. Hollowell, Chief Legal Officer/Assistant Secretary

# APPLICATION FOR FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

## APPLICANT:

# STAN BOYETT & SON, INC.

(Continued)

11.

## A. DIRECTORS

Director/Secretary: Carole

Carole Boyett

601 McHenry Avenue

Modesto, CA 95350

# State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

STAN BOYETT & SON, INC.

FILE NUMBER:

C0834619

FORMATION DATE:

12/16/1977

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, SHIRLEY N. WEBER, PH.D. Secretary of State of the State of California hereby certify:

The entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 02, 2021.

Shirley N. Weber, Ph.D. Secretary of State