

F120000004824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

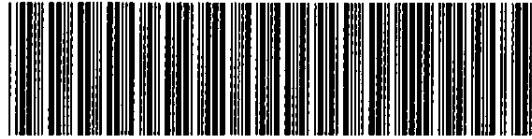
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/05/12--01031--017 **87.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRP
11/30/12

11/27/12 51-6405

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: STUNTS 305 INC

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JAY AMOR

Name of Person

STUNTS 305 INC

Firm/Company

5320 SW 164 TERRACE

Address

SOUTHWEST RANCHES , FLORIDA 33331

City/State and Zip code

stunts305@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAY AMOR

Name of Person

at (954) 873-0218

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
12 NOV 29 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 6, 2012

JAY AMOR
STUNTS 305 INC
5320 SW 164 TERRACE
SOUTHWEST RANCHES, FL 33331

SUBJECT: STUNTS 305 INC.
Ref. Number: W12000056405

We have received your document for STUNTS 305 INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The date of incorporation listed in number four of the form must match the date listed on the certificate of status from your state.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap
Regulatory Specialist II

Letter Number: 512A00026993

PLEASE NOTE: You have included an alternate name in your document that is not allowed under corporate law. If you want to do business in Florida under a different name other than the one you incorporated under, you will need to file a fictitious name application. You can find this form on our website at www.sunbiz.org.

**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.

1. **STUNTS 305 INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

STUNTS 305 INC

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **LOUISIANA**

(State or country under the law of which it is incorporated)

3. **27-4573053**

(FEI number, if applicable)

4. **12-15-2010**

(Date of incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **5320 SW 164 TERRACE SOUTHWEST RANCHES, FLORIDA 33331**

(Principal office address)

5320 SW 164 TERRACE SOUTHWEST RANCHES, FLORIDA 33331

(Current mailing address)

8. **SERVICES FOR ARTS AND SCIENCES**

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **JAY AMOR**

Office Address: **5320 SW 164 TERRACE**

SOUTH WEST RANCHES, Florida **33331**

(City)

(Zip code)

10. **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.


(Registered agent's signature)

11. 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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: JAY AMOR

Address: 5320 SW 164 TERRACE
SOUTH WEST RANCHES, FLORIDA 33331

Vice Chairman: _____

Address: _____

Director: JAY AMOR

Address: 5320 SW 164 TERRACE
SOUTH WEST RANCHES, FLORIDA 33331

Director: _____

Address: _____

B. OFFICERS

President: JAY AMOR

Address: 5320 SW 164 TERRACE
SOUTH WEST RANCHES, FLORIDA 33331

Vice President: JESSICA AMOR

Address: 5320 SW 164 TERRACE
SOUTH WEST RANCHES, FLORIDA 33331

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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 s.817.155, F.S.

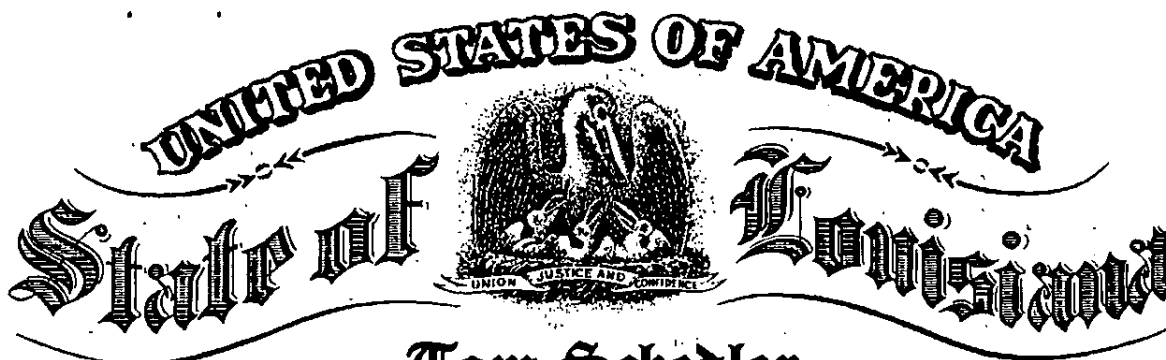
14. JAY AMOR President

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Tom Schedler
SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

the Articles of Incorporation of

STUNTS 305 INC.

Domiciled at BATON ROUGE, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on December 15, 2010,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

October 24, 2012

Secretary of State

AG 40374451D



Certificate ID: 10317898#5DS93

To validate this certificate, visit the following web site, go to **Commercial Division, Certificate Validation**, then follow the instructions displayed.
www.sos.louisiana.gov

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