(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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## **COVER LETTER**

TO:	Registration Section Division of Corpora						
SHRJ	JECT:	STANCIL CORPO	RATION				
<b>ЭОВ</b>		Name of corporat	ion - must	include suffix			_
Dear S	Sir or Madam:						
"Certi	ficate of Existence," of	by Foreign Corporation or "Certificate of Good S rporation to transact bus	Standing"	and check are sub			
	return all correspond Galang	ence concerning this ma	tter to the	following:			
		Name	of Person				-
Stanci	l Corporation						
		Firm/C	Company				
2644 South Croddy Way							
Address Santa Ana, California 92704				E SOL	- 35. 8-35.		
		City/Stat	e and Zip	code		.D <sup>\(\frac{1}{2}\)</sup>	_ 
lolita.galang@stancilcorp.com					33	ف	
	8	-mail address: (to be us	ed for futu	re annual report n	otification)	₽#i	30
For fu	orther information con	cerning this matter, plea	se call:				
Lolita Galang 714 546-2002 ext. 4323							
	Name of Person	Area (	Code	Daytime Telepl	none Number	<del></del>	
	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	tions ater Circle		MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations		
Enclo	sed is a check for the	following amount:					
<b>□</b> \$7	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		75 Filing Fee & fied Copy	\$87.50 Fi Certifica Certified	te of Statu	s &

# 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.

	STANCIL CORPORATION  orporation; must include "INCORPORATED," " orp.," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavaila California 2.	ble in Florida, enter alternate corporate name add	5-3579739		
01/21/1981	y under the law of which it is incorporated)	(FEI number, if applicable)  (Date of duration, if other than perpetual)		
6. (Date	perpetual)			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 dy Way, Santa Ana, CA. 92704	lorida, if prior to registration) 2, F.S., to determine penalty liability)		
7	(Principal	office address)		
8. Name and stree	(Current mailing taddress of Florida registered agent: (P.O.)  William Chandler	address, if different)  Box NOT acceptable)	19 HV 8-97	
Office Address:	2000 Merchants Row Blvd #821	<u> </u>	कुल अ	
	Tallahassee	, Florida		
	(City)	(Zip code)		
designated in this further agree to co	ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes rel amiliar with and accept the obligations of i	ent as registered agent and agree to ative to the proper and complete pe	act in this capacit	

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.

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

A. DIRECTO	DRS			
Chairman:		<del></del>		
Address:				
Vice Chairman:	<u></u>			
Address:				_
Director:				<del>_</del>
Address:				
Director:				<del>_</del>
Address:		<u>₹%</u>	40 40	
		<u> </u>	185	
B. OFFICER	es es		<b>O</b>	
President:	Sharon Custer	<u> 1</u>	- <del>5.</del>	
Address:	2644 South Croddy Way		မ္ဘ	
	Santa Ana, CA 92704			
Vice President:	Michael Custer			
Address:	2644 South Croddy Way			
	Santa Ana, CA. 92704			
Secretary:	Lolita Galang			
Address:	2644 South Croddy Way, Santa Ana, CA 92704		<del>-</del>	
Treasurer:	Jody Custer			
Address:	2644 South Croddy Way, Santa Ana, CA 92704			
NOTE: If ne	cessary, you may attach an addendum to the application listing additional officers and	or director	s.	
12				
are true and th	Signature of Director or Officer director signing this document (and who is listed in number 11 above) affirms that the nat he or she is aware that false information submitted in a document to the Departmen felony as provided for in s.817.155, F.S.  SHARON CUSTER - PRESIDENT	t of State co	d hereii onstitut	n es
13	SHARON CUSTER - PRESIDENT Shum 6 Clust	u _		

## State of California

## Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

STANCIL CORPORATION

FILE NUMBER:

C1034881

FORMATION DATE:

01/21/1981

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, 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 May 04, 2015.

> ALEX PADILLA Secretary of State