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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 10, 2021

JORDAN STANLEY 15 DUCHARME LN GREENLAWN, NY 11740

SUBJECT: STANLEYMARKETINGWORKS, INC.

Ref. Number: W21000048213

We have received your document for STANLEYMARKETINGWORKS, 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):

You failed to make the correction(s) requested in our previous letter.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott Document Specialist II

www.sunbiz.org

Letter Number: 421A00007425

COVER LETTER

Address Address Greenlawn	
Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Floric "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: Jordan Stanley Name of Person StanleymarketingWorks, Inc Firm/Company 15 Ducharme Ln Address Greenlawn City/State and Zip code fendorders@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jordan Stanley Name of Person Area Code Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Enclosed is a check for the following amount:	
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Name of Person StanleymarketingWorks, Inc Firm/Company 15 Ducharme Ln Address Greenlawn City/State and Zip code Fri Company City/State and Zip code Ci	
StanleymarketingWorks, Inc Firm/Company 15 Ducharme Ln Address Greenlawn City/State and Zip code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jordan Stanley Name of Person at (917) 608-2126 Name of Person Area Code Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee Telephone Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount:	
StanleymarketingWorks, Inc Firm/Company Address Address Greenlawn City/State and Zip code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jordan Stanley Name of Person Area Code STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount:	
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	ction porations
	\$87.50 Filing Fee, Certificate of Status &

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.

l.	Stanleymarketin						
		orporation; must include "INCORPORATEI orp," "Inc," "Co," or "Corp.")	Э,"	"COMPANY," "CORPORATION,"			
	Stanleymarketin						
	(If name unavaila	ble in Florida, enter alternate corporate nam	ie ac	dopted for the purpose of transacting bi	asiness ir	ı Florid	la)
2.	New York		3. <u>8</u>	32-0542199			
	(State or country	under the law of which it is incorporated)		(FEI number, if applie	able)		
4.	March 29, 2002	5	5. <u>8</u>	32-0542199			
	(Date	of incorporation)		(Date of duration, if other than	perpetua	al)	
6.	N/A						
		(Date first transacted business (SEE SECTIONS 607.1501 & 607.		Florida, if prior to registration) 2, F.S., to determine penalty liability)		, , , ,	 -
7.	13120 Silver Thor	n Loop			_		:
•			ffice	: street address)			
	15 Ducharme Ln.	, Greenlawn, NY 11740			*: {	±_	*
		(Current mail	ing	address, if different)			
						-::-	
8.	Name and street	t address of Florida registered agent: (P.	.0.	Box NOT acceptable)	7	∞	
	Name:	Jordan Stanley		·			
Ol	ffice Address:	13120 Silver Thorn Loop		<u> </u>			
		N Ft Myers	- 	Florida <u>33903</u>			
		(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.

(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	S		
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		Director	
□ President	Jordan Stanley	□President	
□Vice President	13120 Silven Thorn Loop No F+ Mysis, Fla 33903	□ Vice President	
□Secretary	□Treasurer	□ Secretary	□Treasurer
Other	Other	Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		□Director	3
□President		President	
□Vice President		□ Vice President	5 1
□ Secretary	Treasurer	☐ Secretary	(i) Treasurer
□Other	Other	Other	DOther
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	☐ Treasurer	☐ Secretary	□Treasurer
□Other	Other	Other	□Other
individuals may be	Use an attachment to report more than six (6). The att gadded to the index when filing your Florida Department of Director	ient of State Annual Re	port form.
The officer or direc	ctor signing this document (and who is listed in numb	er II ahove) affirme the	at the facts stated herein are true and that he

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 s.817.155, F.S.

13. Jordan Stanley as President

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of STANLEYMARKETINGWORKS, INC. was filed on 03/29/2002, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.

I further certify that no other documents have been filed by such-corporation.

OF NEW

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 05th day of May two thousand and twenty-one.

Bradan C Hydra

Brendan C Hughes Executive Deputy Secretary of State