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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: The Stanley	Group, Inc.		
		n - must include suffix	
Dear Sir or Madam:			
"Certificate of Existence,	n by Foreign Corporation for " or "Certificate of Good Star corporation to transact busine	nding" and check are subn	
Please return all correspo	ndence concerning this matte	r to the following:	
Russel Stanley			
	Name of	Person	
The Stanley Group, Incorpo	prated		
	Firm/Con	npany	
408 Mariner Dr.			
	Addr	ess	-
Jupiter, FL 33477-4068			
- Capital Control	City/State a	and Zip code	
support@stanprop.com			
	E-mail address: (to be used	for future annual report no	ptification)
For further information c	oncerning this matter, please	call:	
Russel Stanley	at (408) 710-6900	
Name of Person	Area Coc	le Daytime Teleph	one Number
STREET/COUP Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations Ilahassee Street, Suite 810	MAILING AE Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction rporations
Enclosed is a check for the Please make check payable S70.00 Filing Fee	to: FLORIDA DEPARTMEN"	F OF STATE □ \$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified 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.

(If name unavail	able in Florida, enter alternate corporate name ad-	opted for the purpose of trans	acting	business	in Flor	ida)
California	$\frac{3 7}{\text{y under the law of which it is incorporated}}$	7-0181069	1			
	y tinder the law of which it is incorporated)	(FEI number,	11 appt	icable)		
4-25-1988	of incorporation) 5.	(Date of duration, if o	the same than			-
(Date	of incorporation)	(Date of duration, it o	iner in:	an perpet	uiii)	
2275 Winobastur	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502)		
22/5 Winchester	Blvd. Campbell, CA 95008 (Principal office	utungt mildungs				
		Street address)				
		street address)				
		address, if different)			-	
Name and street		nddress, if different)		<u> </u>	2023	
Name and street	(Current mailing :	nddress, if different)			2023 MA	
Name:	(Current mailing a content mailing and the content of the content	nddress, if different)		3034 Ltd	2023 MAY -8	
Name:	(Current mailing a et address of Florida registered agent: (P.O.) Russel Stanley 408 Mariner Dr.	address, if different) Box <u>NOT</u> acceptable)		発の対した。音	2023 HAY -8 PM	
	(Current mailing a et address of Florida registered agent: (P.O.) Russel Stanley 408 Mariner Dr.	nddress, if different)		SECRETARY SECTION	2023 MAY -8 PM 3:	
Name: ffice Address:	(Current mailing a set address of Florida registered agent: (P.O.) Russel Stanley 408 Mariner Dr. Jupiter (City)	nddress, if different) Box NOT acceptable) , Florida 33477-4068		SECRETARY OF STATE	2023 MAY -8 PM 3: 23	
Name: ffice Address: Registered ag	(Current mailing a cut address of Florida registered agent: (P.O.) Russel Stanley 408 Mariner Dr. Jupiter	address, if different) Box NOT acceptable) , Florida 33477-4068 (Zip code)		60		FILED

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					
□Chairman	Name: Russel Stanley	□Chairman	Name: Russel Stanley		
□Vice Chairman	Address: 408 Mariner Dr.	□Vice Chairman	Address: 408 Mariner Dr.		
□Director	Jupiter, FL 33477-4068	□Director	Jupiter, FL 33477-4068		
President		□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	≡ Secretary	□Treasurer		
□Other		Other	Other		
□Chairman	Name: Russel Stanley	□Chairman	Name:		
□Vice Chairman	Address: 408 Mariner Dr.	□Vice Chairman	Address:		
□Director	Jupiter, FL 33477-4068	□Director			
□President		□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	□Secretary	□Treasurer		
Other CFO	□Other	□Other	□ Other		
□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		
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 that Annual Report form. 12. Signature of Director or Officer					
The officer or direct	ctor signing this document (and who is listed in number		nat the facts stated herein are true and that he of		

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 of 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. Russel Stanley, President



Secretary of State Certificate of Status

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

Entity Name: THE STANLEY GROUP, INC.

Entity No.: 1612225 Registration Date: 04/25/1988

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

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

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

SEAL OF THE OR O

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 03, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 105450019

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.