

F23000005369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

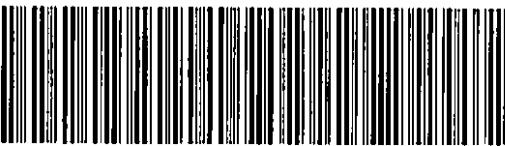
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23-128189

Office Use Only



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09/20/23--01001--010 *87.50

2023 SEP 19 PM 1:09
ATLAHOSSEE, FLOR.
ALL INFORMATION CONTAINED
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APPROVED
AND
FILED
K. Brumley
SEP 20 2023



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2023

SOPHIA WILSON
66 W. FLAGLER ST., FL 9
MIAMI, FL 33130

SUBJECT: STILLWATER AGENCY CORPORATION
Ref. Number: W23000128189

We have received your document for STILLWATER AGENCY CORPORATION 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 designated in your document is unavailable since it is the same as or not distinguishable from the name of a voluntarily dissolved business entity. This name is not available for the assumption or use by another entity for 120 days after the effective date of the dissolution. The dissolved business entity may provide the Department of State with an affidavit or letter, releasing the name for use to you and affirming they have no intention of revoking the dissolution or you may adopt an alternate name for use in Florida. If you choose to adopt an alternate name, please enter that name in the space provided in number one of the application.

The document number of the name conflict is P23000064046.

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 list each officer/director in their own section with the complete address for each person.,
P23000064046

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.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 023A00021689

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stillwater Agency Corporation
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:

Sophia Wilson

Name of Person

Stillwater Agency Corporation

Firm/Company

66 W Flager Street FL 9

Address

Miami FL 33130

City/State and Zip code

sophia@lilikoiagency.com

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

For further information concerning this matter, please call:

Sophia Wilson	at (909) 437-1739
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 32303

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

<input type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy
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09/20/23

To whom it may concern

I, Sophia Wilson, will not revoke the voluntary dissolution of Stillwater Agency Corporation. P23000064046 I, Sophia Wilson, release the name for use

Sophia Wilson

Sophia Wilson

09/19/23

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. Stillwater Agency Corporation

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

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

2. California

3.

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

(FEI number, if applicable)

4. 01/01/2016

5.

(Date of incorporation)

(Date of duration, if other than perpetual)

6. 09/01/2023

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

7. 66 W Flager Street Fl 9 Miami FL 33130

(Principal office street address)

(Current mailing address, if different)

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

Name: Sophia Wilson

Office Address: 66 W Flagler Street Fl 9

Miami, Florida 33130
(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.

Sophia Wilson 09/19/23

(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

APPROVED
AND
FILED

2023 SEP 19 PM 3:59

A. DIRECTORS

<input type="checkbox"/> Chairman	Name: <u>Lance Wilson</u>
<input type="checkbox"/> Vice Chairman	Address: <u>66 W Flagler Street Fl 9</u>
<input type="checkbox"/> Director	<u>Miami FL 33130</u>
<input checked="" type="checkbox"/> President	<u> </u>
<input type="checkbox"/> Vice President	<u> </u>
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other <u> </u>	<input type="checkbox"/> Other <u> </u>

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

<input type="checkbox"/> Chairman	Name: <u>Sophia Wilson</u>
<input type="checkbox"/> Vice Chairman	Address: <u>66 W Flagler Street Fl 9</u>
<input type="checkbox"/> Director	<u>Miami FL 33130</u>
<input type="checkbox"/> President	<u></u>
<input checked="" type="checkbox"/> Vice President	<u></u>
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

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. Sophia Wilson 09/19/23
Signature of Director or 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 § 817.155, E.S.

13. sophia Wilson 09/19/23
(Typed or printed name and capacity of person signing application)



Secretary of State

Certificate of Status

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

Entity Name: STILLWATER AGENCY
Entity No.: 3976129
Registration Date: 12/29/2016
Entity Type: Stock Corporation - CA - General
Formed In: CALIFORNIA
Status: Active

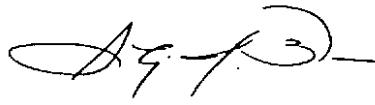
The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

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.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 20, 2023.




SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 146458540

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.