

15000008469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

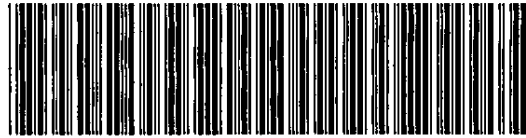
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

MS-66456

647

Office Use Only



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10/05/15--01021--008 \*\*125.00

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15 OCT -5 PM 5:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 22 2015  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 6, 2015

DAVID STANLEY  
14805 NW 103RD TERRACE  
ALACHUA, FL 32615

SUBJECT: D.K.STANLEY, LLC  
Ref. Number: W15000066456

We have received your document for D.K.STANLEY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 715A00021166

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: D.K.Stanley, LLC**

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

David Stanley

Name of Person

D.K.Stanley, LLC

Firm/Company

14805 NW 103rd Terr

Address

Alachua, Florida, 32615

City/State and Zip Code

fmcxdave@outlook.com

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

David Stanley

386

518-6199

Name of Contact Person

at ( )

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

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

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. D.K.Stanley, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

D.K.S.Tanley, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Utah 3. 47-4712313  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 14805 NW 103rd Terr  
Alachua, Florida 32615  
(Street Address of Principal Office)

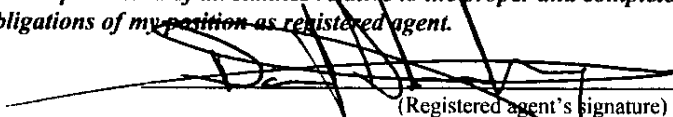
6. 14805 NW 103rd Terr  
Alachua, Florida 32615  
(Mailing Address)

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

Name: David Stanley  
Office Address: 14805 NW 103rd Terr  
Alachua, Florida 32615  
(City) (Zip code)

**Registered agent's acceptance:**


*Having been named as registered agent and to accept service of process for the above stated limited liability company 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)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Kim Stanley, 14805 NW 103rd Terr, Alachua, FL 32615

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

  
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

David Stanley

Typed or printed name of signee

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15 OCT -5 PM 5:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08-05-2015 DKST O 9999999999 SS-4

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15 OCT -5 PM 5:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CP 575 G (Rev. 7-2007)

CP 575 G

999999999999

DATE OF THIS NOTICE: 08-05-2015  
EMPLOYER IDENTIFICATION NUMBER: 47-4712313  
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

DK STANLEY  
DAVID STANLEY SOLE MBR  
14805 NW 103RD TER  
ALACHUA, FL 32615

File copy only

**IRS** DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

DK STANLEY  
DAVID STANLEY SOLE MBR  
14805 NW 103RD TER  
ALACHUA, FL 32615

Date of this notice: 08-05-2015

Employer Identification Number:  
47-4712313

Form: SS-4

Number of this notice: CP 575 G

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-4712313. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at [www.irs.gov](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

**IMPORTANT REMINDERS:**

- \* Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is DKST. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

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OCT - 5 PM '15  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA



**Utah Department of Commerce  
Division of Corporations & Commercial Code**

160 East 300 South, 2nd Floor, PO Box 146705

Salt Lake City, UT 84114-6705

Service Center: (801) 530-4849

Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438

Web Site: <http://www.commerce.utah.gov>

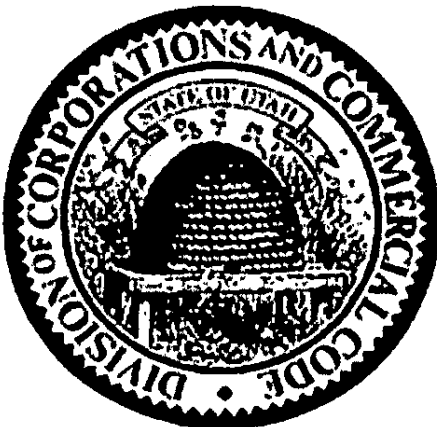
10/14/2015  
9499324-016010142015-128415

## **CERTIFICATE OF EXISTENCE**

**Registration Number:** 9499324-0160  
**Business Name:** D.K.STANLEY, LLC  
**Registered Date:** August 05, 2015  
**Entity Type:** LLC - Domestic  
**Current Status:** Good Standing

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SECRETARY OF STATE  
SALT LAKE CITY, UTAH

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



*Kathy Berg*

Kathy Berg  
Director  
Division of Corporations and Commercial Code

File copy only

File Number: 9499324

**LLC**  
**Certificate of Organization**  
**OF**  
**D.K.Stanley, LLC**

**The undersigned person(s) do hereby adopt the following Certificate of Organization for the purpose of forming a Utah Limited Liability Company.**

**Article I**

**The name of the limited liability company is to be D.K.Stanley, LLC**

**Article II**

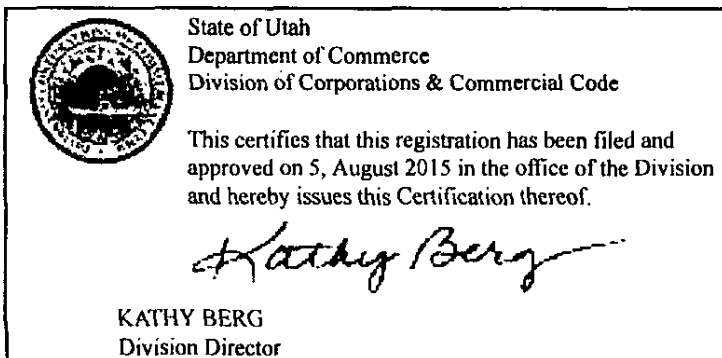
**The purpose or purposes for which the company is organized is to engage in:  
SUPPLY CHAIN MANAGEMENT**

**The Company shall further have unlimited power to engage in or to perform any and all lawful acts pertaining to the management of any lawful business as well as to engage in and to do any lawful act concerning any and all lawful business for which a Limited Liability Company may be organized under the Utah Limited Liability Company Act and any amendments thereto.**

**Article III**

**The Company shall continuously maintain an agent in the State of Utah for service of process who is an individual residing in said state. The name and address of the initial registered agent shall be:**

*(Registered Agent Name & Address)*  
Corporate Entity Solutions, LLC  
11075 S State St. Suite 36  
Sandy, UT, 84070



**Article IV**

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



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*Name, Street address & Signature of all members/managers*

Member #1

David Stanley

14805 NW 103rd terr

Alachua, FL 32615

Corporate Entity Solutions, LLC (POA or AIF)

Signature

**DATED 5 August, 2015.**

### **Article V**

Management statement

This limited liability company will be managed by its Members

### **Article VI**

**Records required to be kept at the principal office include, but are not limited to the following:**

#### **Article VI.1**

A current list in alphabetical order of the full name and address of each member and each manager.

#### **Article VI.2**

A copy of the stamped certificate of Organization and all *certificates of amendments thereto*.

#### **Article VI.3**

Copies of all tax returns and financial statements of the company for the three most recent years.

#### **Article VI.4**

A copy of the company's operating agreement and minutes of each meeting of members.

### **Article VII**

**The street address of the principal place of business is:**

14805 NW 103rd terr

Alachua, FL 32615

### **Article VIII**

**The duration of the company shall be 99**

Under GRAMA (63-2-201), all registration information maintained by the Division is classified as public record. For confidentiality purposes, the business entity physical address may be provided rather than the residential or private address of any individual affiliated with the entity.

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TALLAHASSEE, FLORIDA