

P110000067103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

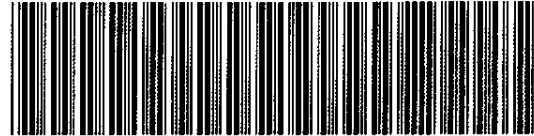
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400210072874

07/25/11--01035--006 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

21 JUL 25 PM 2:34

APPROVED  
AND  
FILED

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: StanRose Ventures, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Richard R. Stanley

Name (Printed or typed)

1117 Whispering Winds Ct.

Address

Apopka, FL 32703

City, State & Zip

407-880-1328

Daytime Telephone number

rrstanley1000@gmail.com

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

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

APPROVED  
AND  
FILED

71 JUL 25 PM 2:35

**ARTICLE I NAME** StanRose Ventures, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
1117 Whispering Winds Ct.  
Apopka, FL 32703

Mailing address, if different  
1117 Whispering Winds  
Apopka, FL 32703

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
The purpose of the corporation is to conduct any lawful purpose or purposes.

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Richard R. Stanley, President</u>	Name and Title: <u>Bonnie R. Stanley, Vice President</u>
Address: <u>1117 Whispering Winds Ct.</u>	Address: <u>1117 Whispering Winds Ct.</u>
<u>Apopka, FL 32703</u>	<u>Apopka, FL 32703</u>

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Corporation Service Company  
Address: 1201 Hays Street  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Richard R. Stanley  
Address: 1117 Whispering Winds Ct.  
Apopka, FL 32703

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Lamont W Jones, Assistant VP  
Required Signature/Registered Agent

7/13/11  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Richard R Stanley  
Required Signature/Incorporator

7/19/11  
Date