

PA000005645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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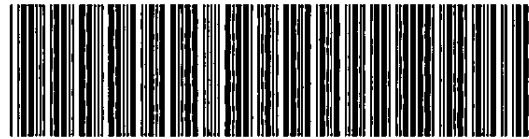
(Business Entity Name)

(Document Number)

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

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14 OCT 16 AM 7:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

W1A-60785

**COVER LETTER**

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

SUBJECT: \_\_\_\_\_

STANTON DISTRIBUTORS 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: \_\_\_\_\_

Robin Stanton

Name (Printed or typed)

1638 SW MACKENZIE ST

Address

PORT ST LUCIE FL 34953

City, State & Zip

772-342-3062

Daytime Telephone number

RStan0201@comcast.net

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 7, 2014

ROBIN STANTON  
1638 SW MACKENZIE ST  
PORT ST LUCIE, FL 34953

SUBJECT: STANTON DISTRIBUTORS INC  
Ref. Number: W14000060785

We have received your document for STANTON DISTRIBUTORS INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 614A00021349

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be: STANTON DISTRIBUTORS INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1638 SW MACKENZIE ST  
PORT ST LUCIE FL 34953

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ROUTE SALES

**ARTICLE IV SHARES**

The number of shares of stock is: ~~5~~ ~~1000~~ ONE

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

Name and Title: Robin Stanton - Pres Name and Title: \_\_\_\_\_

Address 1638 SW MACKENZIE ST Address: \_\_\_\_\_  
PORT ST LUCIE FL  
34953

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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(conti.)

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: Robin Stanton

Address: 1638 SW MACKENZIE ST  
PORT ST LUCIE FL 34953

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Robin Stanton

Address: ~~1638 SW MACKENZIE ST~~ 1638 SW MACKENZIE ST  
~~PORT ST LUCIE, FL 34953~~ PORT ST LUCIE, FL 34953

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

Rob Stanton

Required Signature/Registered Agent

1-12-14

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.

Rob Stanton

Required Signature/Incorporator

10-1-14

Date

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TALLAHASSEE, FLORIDA

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