

P15000079659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

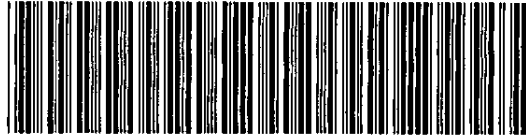
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Special Instructions to Filing Officer:

WIS-8746

Office Use Only



400276435314

08/27/15--01002--006 **70.00

15 SEP 21 PM 12:00
SECRETARY OF STATE
411 KANSAS ST. 10TH FL.
TOPEKA, KS 66612-0001

SEP 28 2015

W PAINTER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2015

JAMES P CAHILL JR
706 SW 6TH STREET
CAPE CORAL, FL 33991

SUBJECT: STANDING AMERICAN INC
Ref. Number: W15000058746

We have received your document for STANDING AMERICAN INC and your check(s) totaling \$70.00. 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 it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is .

N15000004351 - STNADINGAMERICAN, INC.,

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.

WESTLEE A PAINTER
Regulatory Specialist II

Letter Number: 215A00018793

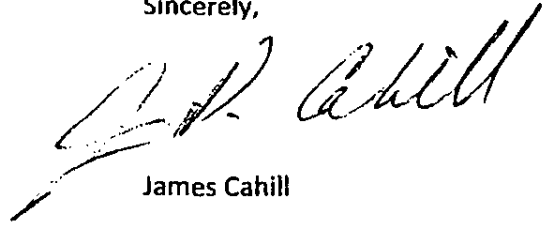
P 15000079659

August 20th, 2015

To: The Florida Department of State-Division of Corporations,

Please consider this letter my written confirmation that I, James Cahill, as the President of the now dissolved non-profit corporation, StandingAmerican, Inc. will not revoke the dissolution of this entity and hereby release it name for use by another entity.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Cahill", written over a horizontal line.

James Cahill

President

StandingAmerican, Inc.

15 SEP 21 PM 12:00
RECEIVED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 SEP 21 PM 12:00

COVER LETTER

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

SUBJECT: STANDING AMERICAN 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: JAMES P CAHILL JR

Name (Printed or typed)

706 SW 6TH STREET

Address

CAPE CORAL, FL 33991

City, State & Zip

239-565-0914

Daytime Telephone number

CAHILLREALTY@GMAIL.COM

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

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

15 SEP 21 PM 12:00
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

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: STANDING AMERICAN INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

706 SW 6TH STREET

CAPE CORAL, FL 33991

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES P CAHILL JR, PVST

Name and Title: _____

Address 706 SW 6TH STREET

Address: _____

CAPE CORAL, FL 33991

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

15 SEP 21 PM 12:00
SECRETARY OF STATE
FLORIDA

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: JAMES P CAHILL JR _____

Address: 706 SW 6TH STREET _____

CAPE CORAL, FL 33991 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: FORRESTER, HART, BELISLE & WHITAKER, PL. _____

Address: 1429 COLONIAL BLVD STE 201 _____

FORT MYERS, FL 33907 _____

15 SEP 21 PM 12:00
SECRETARY OF STATE
ALL AGENTS FILING

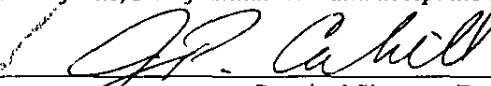
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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



Required Signature/Registered Agent

8/25/15

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.

JAMES H. FORRESTER CPA CFP

Required Signature/Incorporator

8/20/15

Date