

PI6000038151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

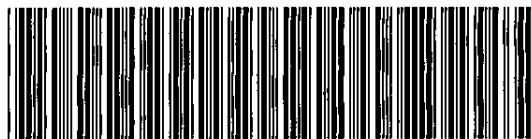
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500285180535

05/03/16--01002--001 **78.75

RECEIVED
DEPARTMENT OF STATE
16 MAY -2 PM 3:17

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAY -2 PM 3:51

MAY 02 2016

T SCHROEDER

COVER LETTER

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

SUBJECT: STAN SARNOWSKI, 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: INCORPORATING SERVICES, LTD.

Name (Printed or typed)

Address

TALLAHASSEE, FL 32301

City, State & Zip

Daytime Telephone number

STAN5954@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)

ARTICLE I NAME

The name of the corporation shall be: STAN SARNOWSKI, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3382 SE CCASCADIA WAY

HOBE SOUND, FL 33455

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR ALL LAWFUL ENTERPRISES

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STANLEY SARNOWSKI

Address: 3382 SE CASCADIA WAY

HOBE SOUND, FL 33455

PRESIDENT, DIRECTOR, SOLE SHAREH

Name and Title: STANLEY SARNOWSKI

Address: 3382 SE CASCADIA WAY

HOBE SOUND, FL 33455

TREASURER

Name and Title: STANLEY SARNOWSKI

Address: 3382 SE CASCADIA WAY

HOBE SOUND, FL 33455

SECRETARY

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

FILED
16 MAY -2 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, 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: STANLEY SARNOWSKI
Address: 3382 SE CASCADIA WAY
HOBE SOUND, FL 33455

ARTICLE VII INCORPORATOR

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

Name: DOMINICK N. D'AMBOZIO, ESQ.
Address: 3372 SE CASCADIA WAY
HOBE SOUND, FL 33455

FILED
16 MAY -2 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Stanley Sarnowski 4/29/2016
Required Signature/Registered Agent 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.

Dominick N. D'Ambozio 4/29/2016
Required Signature/Incorporator Date