

6/9/2016 9:30:27 AM From: To: 8506176381(1/4)

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Stoneridge Capital Partners Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Handwritten signature and date: 06/10/16

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16 JUN -9 AM 10:01

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: STONERIDGE CAPITAL PARTNERS 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: LIPPES MATHIAS WEXLER FRIEDMAN LLP (ATT: ANN MCKNIGHT)

Name (Printed or typed)

50 FOUNTAIN PLAZA, SUITE 1700

Address

BUFFALO, NEW YORK 14202

City, State & Zip

716-853-5100

Daytime Telephone number

amcknight@lippes.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 STONERIDGE CAPITAL PARTNERS INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address
208A SUNSET AVENUE
PALM BEACH, FLORIDA 33480

Mailing address, if different is: _____

ARTICLE III PURPOSE TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR
The purpose for which the corporation is organized is: _____
WHICH CORPORATIONS MAY BE ORGANIZED UNDER THE FLORIDA BUSINESS CORPORATION LAW.

ARTICLE IV SHARES 200 SHARES WITHOUT PAR VALUE
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: IAN CAMPBELL - PRESIDENT

Address 208A SUNSET AVENUE
PALM BEACH, FL 33480

Name and Title: IAN CAMPBELL - DIRECTOR

Address: 208A SUNSET AVENUE
PALM BEACH, FL 33480

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

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: CT CORPORATION SYSTEM
Address: 1200 SOUTH PINE ISLAND ROAD
PLANTATION, FLORIDA 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANN MCKNIGHT
Address: 50 FOUNTAIN PLAZA, SUITE 1700
BUFFALO, NEW YORK 14202

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

_____ 06/09/2016
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.

Ann McKnight JUNE 8, 2016
Required Signature/Incorporator Date

FILED
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JUN 9 - 9 AM 11:20