

P/600007784/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

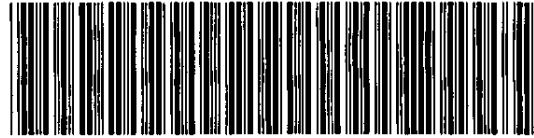
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W/6-63299

Office Use Only



200289725922

09/06/16--01033--006 **78.75

CLERK OF STATE
TALLAHASSEE, FLORIDA

2016 SEP 22 AM 8:25

FILED

COVER LETTER

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

SUBJECT: Kevin Stanley, P.A.
(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: Stephen K. Boone
Name (Printed or typed)

1001 Avenida Del Circo
Address

Venice, Florida 34285
City, State & Zip

440-855-5595
Daytime Telephone number

sboone@boone-law.com
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

September 13, 2016

STEPHEN K. BOONE
1001 AVENIDA DEL CIRCO
VENICE, FL 34285

SUBJECT: KEVIN STANLEY, P.A.
Ref. Number: W16000063299

We have received your document for KEVIN STANLEY, P.A. 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 name release letter must be signed by the officer. (KEVIN STANLEY)

Please return the corrected original and one copy of 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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 216A00019512

**KEVIN STANLEY
609 MAY APPLE WAY
VENICE, FLORIDA 34293**

FILED
2016 SEP 22 AM 8:25
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
JD

September 21, 2016

Department of State Department of State
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, Florida 32314

Re: Kevin Stanley, P.A.
Document #W16000063299

Dear Sir:

Enclosed please find Articles of Incorporation for Kevin Stanley, P.A. along with the rejection letter we received from the State of Florida because I had not personally signed the first release letter sent to you on September 1, 2016. I would like to state that these Articles of Incorporation are to form a new Kevin Stanley, P.A. corporation and that I have no intention of reactivating Kevin Stanley, P.A. with document #P15000078325.

Should you have any questions, please do not hesitate to let me know.

Kind regards.

Very sincerely yours,



Kevin Stanley

Enclosures

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: Kevin Stanley, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

609 May Apple Way

Venice, Florida 34293

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real estate sales and leasing.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kevin Stanley, PVTSD Name and Title: _____

Address 609 May Apple Way Address: _____

Venice, Florida 34293 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
2016 SEP 22 AM 8:25
CLERK OF DADE
TALLAHASSEE, FLORIDA

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

FILED

2016 SEP 22 AM 8:25

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

19

ARTICLE VI REGISTERED AGENT

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

Name: Kevin Stanley _____

Address: 609 May Apple Way _____

Venice, Florida 34293 _____

ARTICLE VII INCORPORATOR

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

Name: Kevin Stanley _____

Address: 609 May Apple Way _____

Venice, Florida 34293 _____

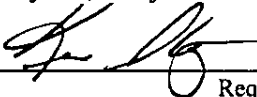
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: September 1, 2016 (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

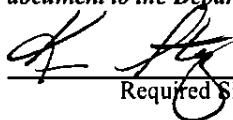


Required Signature/Registered Agent

9/1/16

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.



Required Signature/Incorporator

9/1/16

Date