

P17000037213

(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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DIVISION OF CORPORATIONS  
17 APR 25 PM 2:25

2017 APR 25 PM 3:49  
TALLAHASSEE, FLORIDA

m. m. m.

4/25/17

I Vincent Stafford am  
NOT reinstating Stafford's  
Business Ventures Inc under  
Doc Number P13000097095



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17 APR 25 PM 2:25

COVER LETTER

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

SUBJECT: Stofford's Business Ventures 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: Vincent Stofford  
Name (Printed or typed)

1524 Crescent Hill Dr  
Address

Tallahassee FL 32303  
City, State & Zip

850 319 5276  
Daytime Telephone number

goldfilledking@gmail.com  
E-mail address: (to be used for future annual report notification)

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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:

Stafford's Business Ventures Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1524 Crescent Hill Dr  
Tallahassee 32303

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all  
Legal Business Transactions

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Vincent Stafford President

Name and Title:

Address

1524 Crescent Hill Dr  
Tallahassee FL  
32303

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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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:

Vincent Stafford

Address:

1524 Crescent Hill Dr  
Tallahassee 32303

**ARTICLE VII INCORPORATOR**

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

Name:

Vincent Stafford

Address:

1524 Crescent Hill Dr  
Tallahassee FL 32303

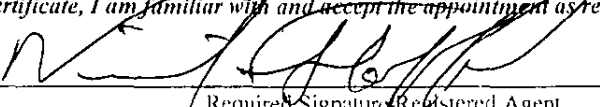
**ARTICLE VIII EFFECTIVE DATE**

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 five 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

4/25/17  
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

4/25/17  
Date

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