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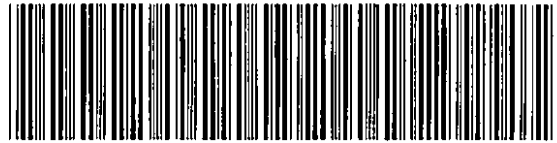
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TALLAHASSEE, FLORIDA

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**DATE:** 07/06/22

**NAME:** STINEMAN TRANSITION, INC.

**TYPE OF FILING:** ARTICLES

**COST:** 78.75

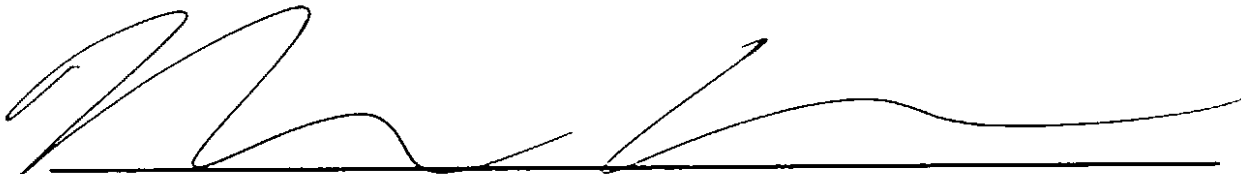
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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE



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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 6, 2022

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: STINEMAN TRANSITION, INC.  
Ref. Number: W22000089162

We have received your document for and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please ensure all addresses are correct, including the principal address, zip code.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham  
Regulatory Specialist II  
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Division of Corporations  
Tallahassee, Florida

*\*Please keep the original file date\**  
*Thank you!*

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## 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: Stineman Transition, Inc.

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15041 Cuberra Lane

Bonita Springs, FL 34135

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in any lawful act or activity for which a corporation may  
be organized under the Florida Business Corporations Act.

### ARTICLE IV SHARES

The number of shares of stock is: 100,000 shares common stock; par value \$0.001.

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Darryl Stineman

Name and Title: Jennifer Stineman

Address Director, President, CFO, and Secretary

Address: Vice President

15041 Cuberra Lane

15041 Cuberra Lane

Bonita Springs, FL 34135

Bonita Springs, FL 34135

Name and Title: Marilyn Stineman

Name and Title: Anna Greenfield

Address Director

Address: Director

2105 Fallen Leaf Lane

8110 Holm Oak

Lincoln, CA 95648

Citrus Heights, CA 95610

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: Darryl Stineman

Address: 15041 Cuberra Lane

Bonita Springs, FL 34135

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Darryl Stineman

Address: 15041 Cuberra Lane

Bonita Springs, FL 34135


**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 days prior or 90 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*

X   
Darryl Stineman Required Signature/Registered Agent

7/5/2022  
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.*

X   
Required Signature/Incorporator  
Darryl Stineman

7/5/2022  
Date

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