

P230000047983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

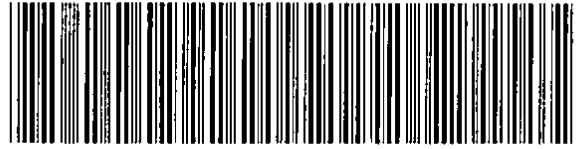
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/06/2011 10:27:00 AM ***7***

FILED
JUN 9 9:03 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Stan Assembly 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Stanislav Udovychenko
Name (Printed or typed)

433 SE 9th Street
Address

Fort Lauderdale, FL 33316
City, State & Zip

954-552-2959
Daytime Telephone number

sashapalmer08@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

AM 9:03

FILED

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 Assembly INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
433 SE 9th Street
Fort Lauderdale, FL 33316

Mailing address, if different is:

433 SE 9th Street
Fort Lauderdale, FL 33316

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: N / A

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stanislav Udovychenko Name and Title: _____

Address: 433 SE 9th Street Address: _____
Fort Lauderdale, FL 33316
Director

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ 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: Stanislav Udovychenko
Address: 433 SE 9th Street
Fort Lauderdale, FL 33316

ARTICLE VII INCORPORATOR

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

Name: Stanislav Udovychenko
Address: 433 SE 9th Street
Fort Lauderdale, FL 33316

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 Stanislav Udovychenko 6/21/2023
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.

X Stanislav Udovychenko 6/21/2023
Required Signature/Incorporator Date