

N16000000793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

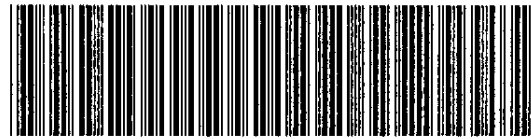
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2011 JAN 24 PM 4:41

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2011 JAN 26 2011

**COVER LETTER**

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

**SUBJECT: STEPHENS TRANSPORTATION SERVICES "INC."**  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

**FROM: SHAWNDA G STEPHENS**  
Name (Printed or typed)

**4043 PEBBLE BROOKE CIR. N**  
Address

**ORANGE PARK, FL 32065**  
City, State & Zip

**904-235-9963**  
9526 AREA PHONE RESERVATION NUMBER

**shawndastephens@att.net**  
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 617, F.S., (Not for Profit)

**ARTICLE I NAME**

**STEPHENS TRANSPORTATION SERVICES INC.**

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
9526 ARGYLE FOREST BLVD.  
STE. B2 #303  
JACKSONVILLE, FL 32222

Mailing address, if different is:  
9526 ARGYLE FOREST BLVD.  
STE. B2 #303  
JACKSONVILLE, FL 32222

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Transporting disable veterans and elderly patients to doctors appointments. From hospital when release and have no way home.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

By pointing and voted on.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: TED STEPHENS : Dir.  
Address: 4043 PEBBLE BROOKE CIR. N  
ORANGE PARK, FL 32065

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: SHAWNDA G STEPHENS : Officer  
Address: 4043 PEBBLE BROOKE CIR. N  
ORANGE PARK, FL 32065

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: ESTHER BUTLER : Officer  
Address: 1583 LANGSTON DRIVE  
JOHN ISLAND, SC 29455

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

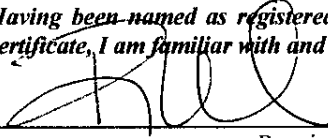
Name: RENEE WATERS  
Address: 720 ROBERTS ROAD  
ST. JOHNS, FL32259

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SHAWNDA G STEPHENS  
Address: 4043 PEBBLE BROOKE CIR. N  
ORANGE PARK, FL 32065

*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 of Registered Agent

1/19/11  
\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

1/19/11  
\_\_\_\_\_  
Date

FILED  
2011 JAN 24 PM 4:41  
STATE OF FLORIDA  
DEPARTMENT OF STATE  
CORPORATION DIVISION  
TALLAHASSEE, FLORIDA 32399-0007