F19000001928

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 8, 2019

SCOTT STEVENS 15040 BRIDGEWAY LANE, #604 FORT MYERS, FL 33919

SUBJECT: STEVENS FINANCE & DEVELOPMENT, INC.

Ref. Number: W19000035572

We have received your document for STEVENS FINANCE & DEVELOPMENT, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 319A00007017

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: 57EVENS FIND Name of corpora	ACO	E + Develop	oment, INC.
	Name of corpora	tion -	must include surity	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Corporation leate of Existence," or "Certificate of Good referenced foreign corporation to transact but	Stand	ing" and check are sub	t Business in Florida." mitted to register the
Please	return all correspondence concerning this m		o the following:	
	Scott Steve	ک		
	Name	e of P	erson	
	STEVENS FINANCE	+	DEVELOPME	ENT, INC
	Firm/	Comp	any	
	15040 Bridgeway Lawe	<u>.</u>	#604	
	A	ddres	s	
	FORT Myers FL City/Sta Scott. Stevens c E-mail address: (to be us	3	3919	
	City/St	nte an	d Zip code	
	Scott stevense 1	ore	ida Moves. C	on
	E-mail address: (to be u	sed fo	or future annual report r	notification)
For fu	rther information concerning this matter, plea	ase ca	dl:	
50	Name of Person at (23)	9	, 464-64	130
-	Name of Person Area	Code	Daytime Telep	hone Number
	STREET/COURIER ADDRESS:		MAILING A	DDRESS:
	Registration Section		Registration S	
	Division of Corporations Clifton Building		Division of Co P.O. Box 632	
	2661 Executive Center Circle Tallahassee, FL 32301		Tallahassee, F	
Enclos	sed is a check for the following amount:			
E \$70	0.00 Filing Fee	۵	\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavail	able in Florida, enter alternate cornorate nau	ne adopted for the purpose of transacting bus	siness in Florida)
	/	_	
(State or count	y under the law of which it is incorporated)	3. <u>41-199130</u> (FEI number, if applical	ble)
	e of incorporation)	5(Date of duration, if other than	perpetual)
1000		7.1502, F.S., to determine penalty liability)	7910
15040		1.1502, F.S., to determine penalty liability) 24 FOR + MYCRS FL 3 (cipal office address)	3919
15046	OFVidoewayhave 600 (Prin		73919 Palip

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Address: 15040 Bridgewag LN. \$604 Fart Myers FL 33199 Vice Chairman: Director: Address: Director: **B. OFFICERS** Bridgewas LN. \$604 Fort When FL 339316 Vice President: Secretary: Address: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. See H Skevens Tresident

(Typed or printed name and capacity of person signing application)

11. Names and business addresses of officers and/or directors:

Office of the Minnesota Secretary of State Certificate of Good Standing

I. Steve Simon. Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: Stevens Finance & Development, Inc.

Date Filed: 06/15/2001

File Number: 11R-929

Minnesota Statutes, Chapter: 302A

Home Jurisdiction: Minnesota

This certificate has been issued on: 04/16/2019

OTHE ST

Ateve Pinn Steve Simon

Secretary of State State of Minnesota