

LD6000089797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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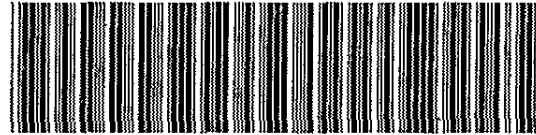
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Oulligan SEP 13 2006

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

STEVEN DAVIDSON'S HAULING & RECYCLING, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVEN P. DAVIDSON  
(Name of Person)  
STEVEN DAVIDSON'S HAULING & RECYCLING, LLC  
(Firm/Company)  
2004 114<sup>TH</sup> AVENUE  
(Address)  
TAMPA, FL 33612  
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTINA HENDEIX at ( 813 ) 996-1472  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

### Mailing Address

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### Street/Courier Address

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 7, 2006

STEVEN P. DAVIDSON  
2004 114TH AVENUE  
TAMPA, FL 33612

SUBJECT: STEVEN DAVIDSON'S HAULING & RECYCLING, LLC  
Ref. Number: W06000034725

We have received your document for STEVEN DAVIDSON'S HAULING & RECYCLING, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

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) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 706A00049103

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

STEVEN DAVIDSON'S HAULING & RECYCLING LLC  
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

2004 114<sup>TH</sup> AVENUE  
TAMPA, FL 33612

#### Mailing Address:

2004 114<sup>TH</sup> AVENUE  
TAMPA, FL 33612

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

STEVEN P. DAVIDSON  
Name  
2004 114<sup>TH</sup> AVENUE  
Florida street address (P.O. Box **NOT** acceptable)  
TAMPA, FL 33612  
City, State, and Zip

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TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGR

**Name and Address:**

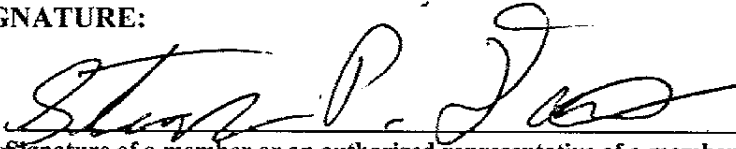
STEVEN P. DAVIDSON  
2004 114<sup>th</sup> AVENUE  
TAMPA, FL 33612

(Use attachment if necessary)

**ARTICLE V:** 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 to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

STEVEN P. DAVIDSON  
Typed or printed name of signee

FILED  
06 SEP 13 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fees:**

\$155<sup>00</sup> \$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)