

L19000121236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

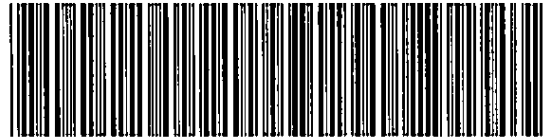
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 18, 2019

BRANDON STEVENSON  
2002 NW 4TH STREET, STE 2  
GAINESVILLE, FL 32609

SUBJECT: B. STEVENSON'S AUTO TRANSPORT LLC  
Ref. Number: W19000038247

We have received your document for B. STEVENSON'S AUTO TRANSPORT LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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.

Keyna E Page  
Regulatory Specialist II

Letter Number: 719A00007877

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: B. STEVENSON'S AUTO TRANSPORT LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Brandon Stevenson

Name of Person

B. STEVENSON'S AUTO TRANSPORT LLC

Firm/Company

2002 N.W 4<sup>th</sup> Street Suite #2

Address

Gainesville Florida 32609

City/State and Zip Code

BStevenson4life@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandon Stevenson at ( 352 ) 441-6177

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

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

Street Address

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

EIN# 83-3931940

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

B. STEVENSON'S AUTO TRANSPORT LLC "MGRM"  
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

2002 N.W. 4<sup>th</sup> Street Suite #2  
Gainesville Florida 32609  
(352) 441-6177 MGRM

Mailing Address:

2002 N.W. 4<sup>th</sup> Street Suite #2  
Gainesville Florida 32609  
(352) 441-6177 MGRM

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:

Brandon Stevenson "MGRM"  
Name  
2002 N.W. 4<sup>th</sup> Street Suite #2  
Florida street address (P.O. Box NOT acceptable)  
Gainesville Florida 32609  
City State Zip

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 605, F.S.

Brandon Stevenson "MGRM"  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

EIN# 83-3931940

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TAX AND SEC. DIV.  
FLORIDA

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

"MGRM"

Name and Address:

Brandon Stevenson "MGRM"  
2002 N.W. 4th Street Suite #2  
Gainesville Florida 32609

(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.)

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.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Brandon Stevenson "MGRM"

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Brandon Stevenson "MGRM"

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

EIN# 83-3931940

FILED  
MAY 11 2009  
TALLAHASSEE, FLORIDA

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