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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## COVER LETTER

TO:	New Filing Section Division of Corporations		20 MAR -4	AN B: A
SUBJE	Nate A. Stevens Transport LLC.			U
SOBAR	CT: Name of Lin	nited Liability Company	·	
The enc	losed Articles of Organization and fee(s) are	e submitted for filing.		
Please re	eturn all correspondence concerning this ma	itter to the following:		
	Nathan a stevens			
		Name of Person		<del></del>
	Nate A. Stevens Transport LLC.			
		Firm/Company		
	7410 Thomas way			
		Address		
	Tampa, Fl. 33619			
	C nates1977@hotmail.com	ity/State and Zip Code		
	E-mail address: (to be used	for future annual report notification	)	
For furthe	er information concerning this matter, please	call:		
	Nathan a stevens 81	3 601-0042		
		rea Code Daytime Telephone N	umber	
Enclosed	d is a check for the following amount:			
<b>≘\$</b> 125.	00 Filing Fee ☐\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	□\$160.00 Filing Certificate of State Certified Copy additional copy is	atus &
	Mailing Address	Street Address		
	New Filing Section Division of Corporations	New Filing Section Division of Corporations	ì	
	P.O. Box 6327	Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center C Tallahassee, FL 32301	Circle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ile A. Stevens Transport LLC.	
(Must conatin the words "Limited Liabi	lity Company, "L.L.C.," or "LLC,")
- Address: ddress and street address of the principal office	of the Limited Liability Company is:
•	of the Limited Liability Company is: <u>Mailing Address:</u>

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:

ARTICLE 1 - Name:

Nathan A. Stevens			
	Name		
7410 Thomas way			
Florida street add	lress (P.O. Box <u><b>NOT</b></u> ac	ceptable)	
Татра	FI.	33619	
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..

Matha a Stewn Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-

. . . .

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
Victoria Stevens, AMBR	7410 Thomas way Tampa, Fl. 33619
	10
Nathan A. Stevens, MGR	7410 Thomas way Tampa, Fl. 33619
	- TX
	3.0 %
(Use attachment if necessary)	
If an effective date is listed, the date must be spe he date of filing.)	of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Ancher a di	term
This document is execute 1 am aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
Nathan A Stevens	
	Typed or printed name of signee

as

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)