

L210 0024 1492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

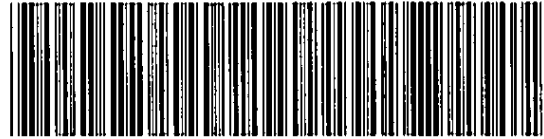
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200355795882

200355795882
01/08/21--01029--008 **160.00

4/8/21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

21 APR -8 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

D. O'KEEFE
MAY 24 2021

W21-5993



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2021

CRAIG STEVENSON
400 GOODLETTE ROAD N. # 1129
NAPLES, FL 34102

SUBJECT: STEVENSON FREIGHT AND DELIVERY SERVICE LLC
Ref. Number: W21000005993

We have received your document for STEVENSON FREIGHT AND DELIVERY SERVICE 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):

The correct forms are enclosed. Please complete and return all forms.

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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 421A00001426

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

1 APR -8 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECORDED

2021 APR -8 PM 12:57

REGISTRATION
COMMERCIAL
SERVICES

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: STEVENSON FREIGHT AND DELIVERY SERVICE
Name of Limited Liability Company
LLC

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

Please return all correspondence concerning this matter to the following:

CRAIG L. STEVENSON
Name of Person

STEVENSON FREIGHT AND DELIVERY
Firm/Company
SERVICE LLC

400 GOODLETTE ROAD, # 1129
Address

NAPLES, FL 34102
City/State and Zip Code

CL527 @centurylink.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CRAIG L. STEVENSON at (239) 238-5456
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED
21 APR -8 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

STEVENSON FREIGHT AND DELIVERY SERVICE
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")
LLC

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
<u># 1129</u> <u>400 GOODLETTE ROAD</u> <u>NAPLES, FL 34102</u>	<u>400 GOODLETTE ROAD</u> <u>NAPLES, FL 34102</u> # 1129

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:

CRAIG L. STEVENSON
Name
400 GOODLETTE ROAD, # 1129
Florida street address (P.O. Box NOT acceptable)
NAPLES, FL 34102
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.

Craig L. Stevenson
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
21 APR -8 AM 11:03
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

CRAIG L STEVENSON
400 5000 LEFTT ROAD, # 1129
NAPLES, FL 34102

(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:

(Signature)

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.

CRAIG L. STEVENSON

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)

FILED
21 APR - 8 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA