

M23000015430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

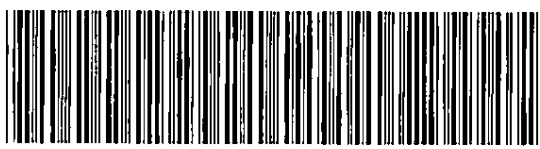
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Steve's Electric, L.L.C.  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Stephen McFall  
Name of Person

Stevens Electric, L.L.C.  
Firm Company

809 Linwood Dr.  
Address

Paragould, AR 72456  
City/State and Zip Code

steve.mcfall@stevenselectricllc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katelyn Stearns at 573, 235-0466  
Name of Contact Person Area Code Daytime Telephone Number

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

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Steve's Electric, LLC  
(Name of Foreign Limited Liability Company. Must include "Limited Liability Company," "LLC," or "LLC")

Steve McFall Electric, LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

2. Arkansas  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration  
(See sections 605.004 & 605.005, F.S. to determine penalty liability.)

5. \_\_\_\_\_  
(Street Address of Principal Officer)

6. \_\_\_\_\_  
(Mailing Address)

809 Linnwood Drive  
Paragould, AR 72450

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TALLAHASSEE, FL

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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: 1<sup>st</sup> United CBS, LLC

Office Address 3590 Frontier Road

Tallahassee, Florida 32309  
(City) (Zip code)

Registered agent's acceptance:

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 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.

Larry Davis Martinez  
(Registered agent's signature)

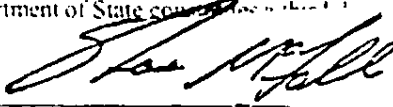
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>STEPHEN STEPHEN McFALL</u>	<input type="checkbox"/> Manager	Name: <u>JANET MURPHY</u>
<input type="checkbox"/> Member	Address: <u>809 Linwood Dr.</u>	<input type="checkbox"/> Member	Address: <u>809 Linwood Dr.</u>
<input checked="" type="checkbox"/> Authorized Person	<u>Paragonia, AR 72450</u>	<input checked="" type="checkbox"/> Authorized Person	<u>Paragonia, AR 72450</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Jordan Taylor</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>809 Linwood Dr</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized Person	<u>Paragonia, AR 72450</u>	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>KATELYN STEWART</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>809 Linwood Dr</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized Person	<u>Paragonia, AR 72450</u>	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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 crime under section 817.155, F.S.



Signature of an authorized person

STEPHEN W McFALL

Typed or printed name of signer

STATE OF ARKANSAS

SECRETARY OF STATE

CERTIFICATE OF GOOD STANDING

I, John Thurston, Arkansas Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

**STEVE'S ELECTRIC, L.L.C.**

authorized to transact business in the State of Arkansas as a Limited Liability Company filed Certificate of Organization in this office February 12, 2014

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.

In Testimony Whereof, I have hereunto set my hand and affixed my official Seal Done at my office in the City of Little Rock, this 4th day of October, 2025

*John Thurston*

John Thurston

Arkansas Secretary of State

By *Angela Cook*

Angela Cook

