P21000039604

(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

900365601509

900365601509
05/05/21--01001--014 **78.75

2021 MAY -4 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

2021 MAY -4 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

COVER LETTER

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

SUBJECT: Bonnie B. Trucking Services, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ **$70.00** Filing Fee

☑ **$78.75** Filing Fee & Certificate of Status

☐ **$78.75** Filing Fee & Certified Copy

☐ **$87.50** Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Marcia D. Stevens
Name (Printed or typed)

452 SW Columbia St.
Address

Madison, FL 32340
City, State & Zip

(850) 673-1025
Daytime Telephone number

dmarciastevens@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: Bonnie B. Trucking Services, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 452 SW Columbia St. Madison, FL. 32340

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Provide transportation services for interstate, intrastate, and local deliveries.

2001 MAY -1 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marcia D. Stevens, President
Address: 452 SW Columbia St. Madison, FL 32340

Name and Title: Jeffery T. Brown, Treasurer
Address: 452 SW Columbia St. Madison, FL 32340

Name and Title: Sherwood A. Brown, Secretary
Address: 452 SW Columbia St. Madison, FL. 32340

Name and Title: Laron K. Brown, CO Treasurer
Address: 452 SW Columbia St. Madison, FL 32340

Name and Title: Michael K. Brown, Chief Operating Officer
Address: 5159 Water Valley Dr. Tallahassee, FL 32303

Name and Title:
Address:

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Collie E. Stevens

Address: 550 SW Orange Ave

Madison, FL. 32340

2021 MAY -4 PM 4:40

SECRETARY OF STATE

TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Marca D. Stevens

Address: 452 SW Columbia St.

Madison, FL. 32340

ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 days after the 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.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Collie E. Stevens 5/4/2021

Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Marca D. Stevens 5/4/2021

Required Signature/Incorporator Date