

P21000039604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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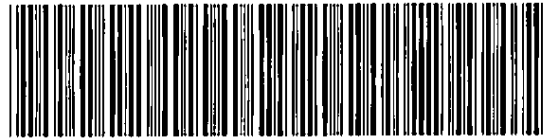
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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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.

ARTICLE IV SHARES

The number of shares of stock is: 100

2011 MAY -1 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

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

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

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

Name and Title: Michael K. Brown
Address: Chief Operating Officer
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

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Marica D. Stevens
Address: 452 SW Columbia St
Madison, FL 32340

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SECTION OF STATE
TALLAHASSEE, FL

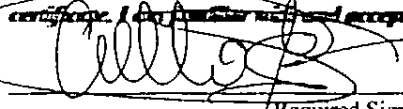
ARTICLE VIII EFFECTIVE DATE:

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 on the place designated in this certificate, I do hereby wish to accept the appointment as registered agent and agree to act in this capacity.


Required Signature/Registered Agent

5/4/2021
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.


Required Signature/Incorporator

5/4/2021
Date