

L04000004017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

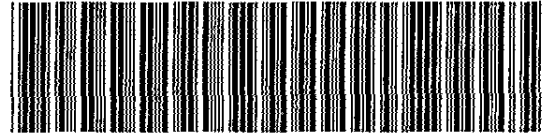
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

04 JAN 15 AM 10:42

RECEIVED

BK

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04

JAN 15

PM 12:25

FILED



CORPORATION SERVICE COMPANY™

FILED
04 JAN 15 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 396563 7412252

AUTHORIZATION :

Patricia Pajito

COST LIMIT : \$ 125.00

ORDER DATE : January 14, 2004

ORDER TIME : 9:16 AM

ORDER NO. : 396563-005

CUSTOMER NO: 7412252

CUSTOMER: Ms. Fran Johnson
Paul & Elkind. P.a.

Suite 106
505 Deltona Boulevard
Deltona, FL 32725

DOMESTIC FILING

NAME: ARNIE BARROW STUMP GRINDING,
LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED
04 JAN 15 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I -- Name:

The name of the Limited Liability Company is:

Arnie Barrow Stump Grinding, 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

1375 Conifer Court

Same

DeLand, FL 32720

ARTICLE III -- Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Arnold E. Barrow
Name

1375 Conifer Court
Florida Street address (P.O. Box NOT acceptable)

DeLand, FL 32720
City, State and 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 608, Florida Statutes

Arnold E. Barrow
Registered Agent's Signature

ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

“MGR” = Manager

“MGRM” – Managing Member

Name and Address:

MGRM

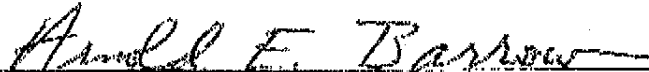
Arnold E. Barrow,

1375 Copifer Court

DeLand, FL 32720

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

Arnold E. Barrow

Typed or Printed name of signee