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Certified Copies Certificates of Status	(Business Entity Name)					
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S. FRANKLIN DEC - 7 2022

COVER LETTER

TO:		tration Section ion of Corporations				
SUBJI	ECT:	STUMP GRINDING, INC.				
Name of corporation - must include suffix						
Dear Si	ir or M	adam:				
"Certif	icate of	"Application by Foreign Corp Existence," or "Certificate of ced foreign corporation to tran	「Good Stand	ing" and check are subm		
Please	return a	all correspondence concerning	this matter t	o the following:		
Jason M	1. Conn	er				
			Name of P	erson		
Stump (Grindin	g. Inc.				
			Firm/Comp	pany	*1	
9621 SI	herwood	1 Drive			, 	
			Addres	 88		
Quintor	n, VA 2	3141				
			 City/State an	d Zip code	ے جن ہے۔	
jasonen	mer@gr	nail.com	-	•	-	
		E-mail address: (to be used fo	г future annual report no	tification)	
For fur	ther in	formation concerning this mat	ter, please ca	II:		
Michell	Michelle H. Mitchell 757 21		218-6331			
	Name	of Person	Area Code	Daytime Telepho	one Number	
	Regis Divisi The C 2415	EET/COURIER ADDRESS: tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	
	nake ch	check for the following amous eck payable to: FLORIDA DEP ng Fee	ARTMENT (OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Stump Grinding	, Inc.		
	forporation; must include "INCORPORATED," forp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
N/A			
(If name unavail	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting bus	iness in Florida)
2. Virginia	3 8	7-2020745	
	y under the law of which it is incorporated)	(FEI number, if applical	ble)
4. 07/30/2021	5.	i/A	
	of incorporation)	(Date of duration, if other than p	perpetual)
6. N/A			
···	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		
7 28400 Plato Driv	e, Punta Gorda FL 33955		
,	(Principal office	: street address)	~
9621 Sherwood I	Drive, Quinton VA 23141		• ÷
	(Current mailing	address, if different)	
			
8. Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	Thomas A. Whitlow		دی
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	28400 Plato Drive		3: 01
Office Address:	20400 Flato Diffe	_	
	Punta Gorda	, Florida 33955	
	(City)	(Zip code)	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.



10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS Jason M. Conner Name: Name: _______ □ Chairman □Chairman 9621 Sherwood Drive □Vice Chairman Address: ____ Address: ☐ Vice Chairman Quinton, VA 23141 □Director □ Director President □President □Vice President _____ □Vice President □ Secretary ☐Treasurer □ Secretary ☐ Treasurer Other _____ □Other _____ □Other Name: _____ Name: □ Chairman □ Chairman □Vice Chairman Address: ______ □Vice Chairman Address: □ Director □ Director □ President □ President □Vice President _ □Vice President ☐ Secretary ☐Treasurer] □Treasurer ☐ Secretary []Other _____ Other ____ □Other ☐ Other N/A Name: □ Chairman □ Chairman □Vice Chairman Address: ______ □Vice Chairman Address: _____ □ Director □ Director □President □President □Vice President _____ □Vice President □ Secretary □Treasurer □ Secretary □Treasurer □Other ______ Other ____ □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. Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

🔒 Jason M. Conner, President

Commonwealth of Hirginian



State Corporation Commission

CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That STUMP GRINDING, INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on July 30, 2021;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

__:



Signed and Sealed at Richmond on this Date:

November 1, 2022

Bernard J. Logan, Clerk of the Commission