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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

LIMITED LIABILITY COMPANY

Tom Alford Stump Grinding LLC

| Certificate of Status | |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 02 |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Tom Alford 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: | |
|----------------------------|--------------------|-------------------------------|---------|
| 308 1/2 Hewitt St | | 308 1/2 Hewitt St | |
| Pensacola, FL 32503 | · - | Pensacola, FL 32503 | |
| | | | · : |
| ARTICLE III - Registered A | | | FILES |
| | | Name | 5 |
| | 308 1/2 Hewitt St | | |
| | (P.O. Box or) | Mail Drop Box NOT Acceptable) | |
| •, • | Pensacola, FL 3250 | <u> </u> | |
| | . (0 | City / State / 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, F.S.

Registered Agent's Signature - Tom Alford

Typed or printed name of signee

SECRETARY OF STATE