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To:

- 20 Jan 2006 10:16AM

Division of Corporations

A1A CORPORATE SERVICES

To: Division of Corporations Fax Number : (850) 205-0383 From: Account Name : A 1 A CORPORATE SERVICES, INC. Account Number : 120010000247 Phone : (800) 494-3124 Fax Number : (305) 675-2811

Stump King LLC

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY JAN 20 A 77. 38

In compliance with Chapter 608,F.S.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I: NAME

The name of the Limited Liability Company is:

STUMP KING LLC

ARTICLE II: Address

The mailing address and street address of the principal office of the Limited Liability Company is:

4392 FOX HOLLOW CIR CASSELBERRY, FL 32707

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

A1A REGISTERED AGENT INC.

92 SADBERRY ROAD

OUINCY FL 32351

Having been named as registered agent 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.

A1A REGISTERED AGENT INC. / Registered Agent's Signature

ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Manager Managed Company.

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STUMP KING LLC

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE V: MANAGERS (optional)

MANAGER: CHRIS M. FRANKLIN 4392 FOX HOLLOW CIR CASSELBERRY, FL 32707

x Chimalo

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.)

CHRIS M. FRANKLIN