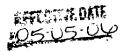
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| (Re | equestor's Name) | |
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| (Ad | dress) | |
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| (Cit | ty/State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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《恩司集》的第三十四日日 自由 ** [5]。

06 HAY -9 AM IO: 25

COVER LETTER

| TO: Registration Se Division of Co | | | |
|---------------------------------------|---|---|--|
| SUBJECT: Fal | ther and S (Name of Limite | on Stump G d Liability Company) | rinding L.L. |
| The enclosed Articles of | f Organization and fee(s) are s | ubmitted for filing. | |
| Please return all corresp | ondence concerning this matte | er to the following: | |
| Raymo | and K. Eag | Name of Person) | |
| Father | and Son Stu | ing Grinding Firm/Company) | L-L-C. |
| 5144 | Soundside I | (Address) | |
| Gulf | Breeze FL | - 33563 (State and Zip Code) | |
| | (0.5) | , | |
| For further information of | concerning this matter, please | call: | |
| Raymond | Engley | at (850) 935 (Area Code & Daytime To | 8186 |
| (Name | of Person) | (Area Code & Daytime To | elephone Number) |
| Enclosed is a check fo | r the following amount: | | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ns |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

Father and Son Stump Grinding L.L.C (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

| Principal Office Address: | Mailing Address: |
|--|--|
| 5144 Soundside Ar. Gulf Breeze FL32563 | 5144 Soundside Dr Gulf Birese FL 38563 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) | |
| The name and the Florida street address of the re | gistered agent are: |
| Raymond K. | Eagler |
| Name | |
| 5144 Soundside | |
| _ | ress (P.O. Box NOT acceptable) |
| Gulf Brpeze | FL SASE3 |
| City, State, ar | ıd Zip |
| liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per | ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S |

(CONTINUED)
Page 1 of 2

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

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

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Me | Name and Address: |
|---|--|
| MER | Raymond K. Eagley 5144 Spundside Dr. Gulf Breeze FL 32563 |
| Mer | Melissa L. Engley 5144 Soundside Dr Gylf Breeze FL 325123 |
| | |
| | |
| (Use attachment if necessa | ry) |
| ARTICLE V: Effective date, if oth (If an effective date is listed, the da to or 90 days after the date of filin | ner than the date of filing: May 5, 3006. (OPTIONAL) ate must be specific and cannot be more than five business days prior g.) |

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.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)