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(Requestor's Name)		
(Address)		
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(Cit	y/State/Zip/Phon	e #)
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2007 HAY 18 P 1: 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

то:	Programme Registration Section Division of Corporations			
SUBJI	ECT: At	lantic Coast Stum (Name of Limited	p Grinding, LLC d Liability Company)	
The en	closed Articles of	f Organization and fee(s) are so	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	er to the following:	
	Jenn	ifer A. Swartz		
		()	Name of Person)	
	N/A			
		·	Firm/Company)	2001 IIA SECRE
	1276	O Burning Tree La	ne West (Address)	正でま
	71-			18 D
	Jack	sonville FL 32223	/State and Zip Code)	
		` `	• ,	I: 36 TATE ORIDA
For fur	ther information	concerning this matter, please	call:	•
		ifer A. Swartz of Person)	at (196 elephone Number)
Enclos	sed is a check fo	or the following amount:		
X \$12:	5.00 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 Addres Registration Section Division of Corporatio 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:

The name of the Limited Liability Company is:
Atlantic Coast Stump Grinding, LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address

Principal Office Address:

ARTICLE I - Name:

Mailing Address:

12760 Burning Tree Lane West	
Jacksonville FL 32223	Jacksonville FL 32223
ARTICLE III - Registered Agent, Registered Limited Lightlity Company cannot serve as its own	stered Office, & Registered Agent? Signature:
business entity with an active Florida registration.)	CONTRACTOR OF THE PARTY OF THE
The name and the Florida street address of	اله المراب
Jenni <u>fer A. S</u> t	wartz, ST - O
1	Name Dan U
12760 Burning	Tree Lane West
Florida stre	eet address (P.O. Box NOT acceptable)
Jacksonville I	FL 32223
City, S	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, F.S..

Registered Agent's Signature (REQUIRED)
JENNIFER A. SWARTZ

(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	Name and Address:
"MGRM" = Managing Men	nber
MGRM	Jennifer A. Swartz
	12760 Burning Tree Lane West
	Jacksonville FL 32223
 	
	> Or U
(Use attachment if necessar	y)
ICLE V: Effective date, if other effective date is listed, the da 90 days after the date of filing	er than the date of filing: N/A . (OPTIONAL) te must be specific and cannot be more than five business days posses.)
REQUIRED SIGNATURE	Januf A
Signature o	of a member or an authorized representative of a member.
(In accorda	nce with section 608.408(3), Florida Statutes, the execution under the penalties of perjury
of this doct	acts stated herein are true.)

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)

Jennifer A. Swartz

Typed or printed name of signee

COVER LETTER

TO:	Registration S Division of C			
SUBJ	ECT: A	tlantic Coast Stum (Name of Limite	np Grinding, LLC d Liability Company)	
The en	closed Articles	of Organization and fee(s) are s	ubmitted for filing.	
Please	return all corres	pondence concerning this matte	er to the following:	
	Jen	nifer A. Swartz		
		(Name of Person)	
	N/A			
		(Firm/Company)	2001 SECI
	127	60 Burning Tree La		AR T
			(Addr e ss)	SSEE
	Jac	ksonville FL 32223		The Day
		(City	/State and Zip Code)	1: 3 TATE ORID
For fu	rther information	concerning this matter, please	call:	D 0-
	· · · · · · · · · · · · · · · · · · ·	nifer A. Swartz	at (904)954-74 (Area Code & Daytime T	196
	(Nam	e of Person)	(Area Code & Daytime 1	elephone Number)
Enclo	sed is a check t	for the following amount:		
X \$12:	5.00 Filing Fe e	\$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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	nns : Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Atlantic Coast Stump Grinding, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,") **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

12760 Burning Tree Lane West Jacksonville FL 32223

12760 Burning Tree Lane West Jacksonville FL 32223

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Jennifer A. Swartz Name 12760 Burning Tree Lane West Florida street address (P.O. Box NOT acceptable) Jacksonville FL 32223

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, F.S..

Registered Agent's Signature (REQUIRED)
JENNIPER A. SWARTZ

(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 Member	Name and Address:
MGRM	Jennifer A. Swartz
	12760 Burning Tree Lane West Jacksonville FL 32223
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	ECRE I
	SSE 8
	LORN TO
	∑:1 8 o
(Use attachment if necessary)	
	he date of filing:N/A (OPTIONAL) the specific and cannot be more than five business days prior
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.)

By: Jennifer A. Swartz

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)