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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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2016 FEB 22 PH 4: 13
SECRETARY OF STAIL
TALLAHASSEE. FLORID;

COVER LETTER

Division of Corporations
SUBJECT: Hoyen'S Express Stump Grinding, LLC. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jack Hoyer Name of Person
Hoyer's Express Stump Grinding, LLC.
10035 S. Flonda Ave
Hampton, FL 32044 City/State and Zip Code Jackhover 43@gmal. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sack Hoyer at 352 24-8263 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}

Mailing Address
New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	ICL	E I	Nя	me:

The name of the Limited Liability Company is:

Hover's Express Stump Grinding, UC.
(Mustend with the words "Limited Liability Company, "L.L.C.," or "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:

KEB 22 PA II. 13

10035 S. Florita Ave Hampton, FL 32044 10035 S. Florda Ave Hampton, Fl 32044

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:

Name

Florida street address (P.O. Box NOT acceptable)

State

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 605, F.S..

(CONTINUED)

Page 1 of 2

itle:	Name and Address:
MBR" = Authorized Member [GR" = Manager	
MGR	Sack Hoyer
	Hampton FL 32044
	Transporty FE Socra
V: Effective date, if other than the dative date is listed, the date must be spling.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90
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