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(Requestor's Name)

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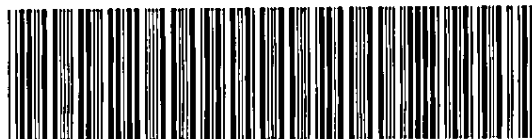
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Stump Removal Experts, LLC

AR Email: stumpremoval773@gmail.com

Signature _____

Requested by: SETH

Name _____

Date _____

Time _____

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ARTICLES OF ORGANIZATION

OF

Stump Removal Experts, LLC

THE UNDERSIGNED, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Company Act, Florida Statutes, Chapter 605 (the "Act"), hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be **Stump Removal Experts, LLC** (hereinafter called "Company"). The principal place of business of the Company in Florida shall be in Brevard County.

ARTICLE II - ADDRESS

The mailing address and street address of the Company's principal office are:

Mailing Address

125 E. Merritt Island Cswy.
Suite 107 #309
Merritt Island, FL 32952

Street Address

125 E. Merritt Island Cswy.
Suite 107 #309
Merritt Island, FL 32952

ARTICLE III - DURATION

The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State, and the Company shall exist perpetually unless the Company is dissolved as provided by law or its operating agreement.

ARTICLE IV - PURPOSES AND POWER

The general purpose for which the Company is organized is to: design, construct, own, use, buy, sell, lease, hire, deal in and with articles of property of all kinds, render services of all kinds, and to transact any lawful business for which a limited liability company may be organized under the laws of the State of Florida. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

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ARTICLE V - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida and principal office is:

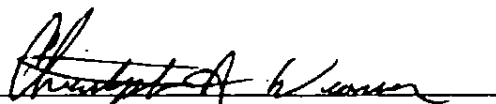
Christopher Weaver
125 E. Merritt Island Causeway
Ste. 107 #309
Merritt Island, FL 32952

ARTICLE VI - MANAGEMENT

An operating agreement adopted by the members of the Company may contain any provision for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization. The name and address of each Manager or Managing Member is as follows:

Title	Name & Address
Manager/President	Christopher Weaver 230 Bahama Drive Merritt Island, FL 32952

IN WITNESS WHEREOF, the undersigned, being an authorized representative of all of the members of the Company has made and subscribed these Articles of Organization, for the foregoing uses and purpose, on August 5, 2021.


Christopher, Manager and Member

State of Florida County of Brevard
Subscribed and sworn before me on 8-5-2021
Allison Rowell (Date)
(Notary Signature)

 Allison Rowell
State of Florida
My Commission Expires 02/29/2024
Commission No. GG 982155

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**CERTIFICATE OF DESIGNATION FOR
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF *FLORIDA STATUTES*, SECTION 605.0113,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN
THE STATE OF FLORIDA.

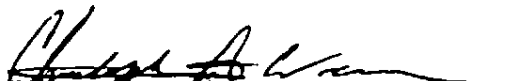
1. The name of the limited liability company is: **Stump Removal Experts, LLC.**
2. The name and address of the registered agent and office is:

Christopher Weaver
125 E. Merritt Island Cswy.
Suite 107 #309
Merritt Island, FL 32952

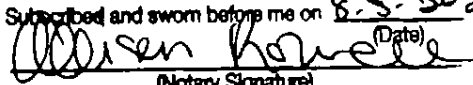
IN WITNESS WHEREOF, the undersigned, being an authorized representative of all the
members of the Company certifies to the foregoing, on August 5, 2021.


Christopher Weaver, Member

Having been named as registered agent and to accept service of process of 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
the obligations of my position as registered agent.


Christopher Weaver

Date: 8-5-2021

State of Florida County of Brevard
Subscribed and sworn before me on 8-5-2021

(Notary Signature)



Allison Rowell
State of Florida
My Commission Expires 02/28/2022
Commission No. GQ 962156

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