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TRANSMITTAL LETTER

FILED  
00 AUG 15 PM 12:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

100003356321--3  
-08/15/00--01033--012  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: Stumps Away Inc.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☒ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Kathy Smoak  
Name (Printed or typed)

229 CR 489 B  
Address

Lake Panasoffkee FL 33538  
City, State & Zip

352-793-1938  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

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### ARTICLE I NAME

The name of the corporation shall be:

STumps Away Inc

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

229 CR 489B Lake Panasofkee FL 33538

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Kathy Smoak  
229 CR 489B  
Lake Panasofkee FL 33538

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Kathy Smoak  
229 CR 489B  
Lake Panasofkee FL 33538

Kathy Smoak  
Signature/Incorporator

8-7-00

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation 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

Kathy Smoak  
Signature/Registered Agent

8-7-00

Date