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TRANSMITTAL LETTER



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

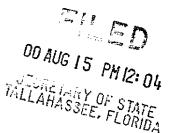
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SUBJECT:	Stumps away Inc. (Proposed corporate name - must include suffix)		
(Proposed corporate name - must include suffix)			
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Enclosed is an original and one(1) copy of the articles of incorporation and a check for:			
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL COPY	\$87.50 Filing Fee, Certified Copy & Certificate of Status Y REQUIRED
FROM: Smook Name (Printed or typed)			
• -	229 CR 489 B Address		
Lake PonasofSkee 71 33538 City, State & Zip			
359-793-/938 Daytime Telephone number			

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

ARTÍCLES 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.



NAME ARTICLE I

The name of the corporation shall be:

STumps away Inc

PRINCIPAL OFFICE

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

229 CR 489B Lake Panasosskee 71. 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 Smook

Lake rangosskee 41 33538

ARTICLE V INCORPORATOR

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

Kathy Smoak 229 CR489B Lake Panasossthee 71 33538

(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

Signature/Registered Agent