

PO5000069417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

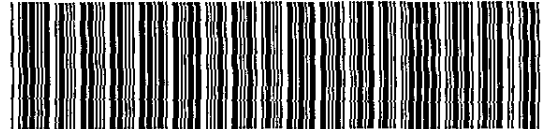
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
05 MAY -9 AM 8:49  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

T Hampton MAY 12 2005

## TRANSMITTAL LETTER

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

**SUBJECT:** GRIFFIN STUMP REMOVAL, INC.

(**PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX**)

Enclosed are 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:** GUY N.WILLIAMS, PA

Name (Printed or typed)

231 NW BURK AVE STE 107

Address

LAKE CITY, FL 32055

City, State & Zip

386-752-0004

Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

Griffin Stump Removal, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

119 SW Blueberry PL  
Lake City, FL 32024

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Land preparation

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Bryan Griffin  
119 SW Blueberry Pl  
Lake City, FL 32024  
President

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Bryan Griffin  
119 SW Blueberry Pl  
Lake City, FL 32024

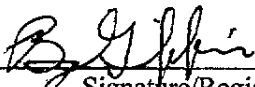
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

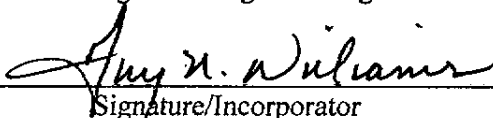
Guy N. Williams, PA  
231 NW Burk Ave Ste 107  
Lake City, FL 32055

\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Signature/Registered Agent



Signature/Incorporator

**FILED**

05 MAY -9 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

5-5-05

Date

5/4/05

Date