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(Requestor's Name)

LAW OFFICES OF TIMOTHY G. HAYES, P.A.  
LAKEVIEW PROFESSIONAL CENTER  
21859 STATE ROAD 54, SUITE 200  
LEWIS, FL 33549

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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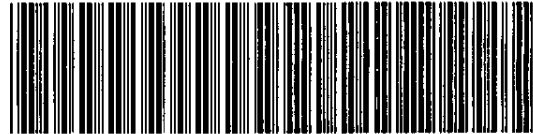
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 JUL 28 PM 3:12

**FILED**

**TIMOTHY G. HAYES AND ASSOCIATES, P.A.**

**Attorneys at Law**

Lakeview Professional Center  
21859 State Road 54, Suite 200  
Lutz, Florida 33549

**TIMOTHY G. HAYES**  
Telephone (813) 949-6525 • Fax (813) 949-6433  
e-mail: tghayes@ mindspring.com

July 22, 2011

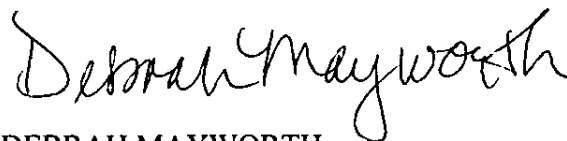
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: Miles Stump Removal, Inc.**

Dear Sir or Madam:

Enclosed for filing please find the original and one copy of the Certificate of Conversion and the Articles of Incorporation for the above corporation, along with a check in the amount \$105.00 for the filing fees.

Sincerely yours,



DEBRAH MAYWORTH  
Legal Assistant  
HAYES & ASSOCIATES, P.A.  
21859 State Road 54, Suite 200  
Lutz, Florida 33549  
(813) 949-6525

/dm  
Encls.

## CERTIFICATE OF CONVERSION

For

**MILES STUMP REMOVAL, LLC**

Into

**FLORIDA PROFIT CORPORATION**

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "other business entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "other business entity immediately prior to the filing of this Certificate of Conversion is: **MILES STUMP REMOVAL, LLC.**

2. The "other business entity: is a limited liability company, first organized, formed or incorporated under the laws of the State of Florida on July 13, 2011.

3. If the jurisdiction of the "other business entity was changed, the state or country under the laws of which it is now organized, formed or incorporated: **N/A**

4. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation is: **MILES STUMP REMOVAL, INC.**

5. If not effective on the date of filing, enter the effective date: **August 1, 2011.**  
**(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed with the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)**

6. The conversion is permitted by the applicable law(s) governing the other business entity and the conversion complies with such law(s) and the requirements of s. 607.1115, F.S., in effecting the conversion.

7. The "other business entity" currently exists on the official records of the jurisdiction under which it is currently organized, formed or incorporated.

Signed this 21 day of July, 2011.

**Required signature for Florida Profit Corporation:**

Individual signing affirms that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s. 817.155, F.S.

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11 JUL 28 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Timothy Miles

Printed Name: Timothy Miles Title: Director

**Required signature(s) on behalf of Other Business Entity:** Individual(s) signing affirm(s) that the facts stated in this document are true. Any false information constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of Member or Authorized Representative:

Signature: Timothy Miles

Printed Name: Timothy Miles Title: MGMR

**ARTICLES OF INCORPORATION**  
**OF**  
**MILES STUMP REMOVAL, INC.**

The undersigned, acting as incorporator(s) of a corporation pursuant to Chapter 607, Florida Statutes, adopts the following Articles of Incorporation:

**ARTICLE I - CORPORATE NAME**

The name of this corporation shall be:

MILES STUMP REMOVAL, INC.

**ARTICLE II - PRINCIPAL OFFICE**

The principal place of business of this corporation is:

11109 Serenity Oaks Lane  
Thonotosassa, FL 33592

The mailing address of this corporation is:

11109 Serenity Oaks Lane  
Thonotosassa, FL 33592

**ARTICLE III - CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000.

**ARTICLE IV - INITIAL REGISTERED AGENT AND OFFICE**

The name and address of the initial registered agent are:

TIMOTHY M. MILES  
11109 Serenity Oaks Lane  
Thonotosassa, FL 33592

**ARTICLE V - INCORPORATORS**

The name(s) and street address(es) of the incorporator(s) to these articles of incorporation are:

TIMOTHY M. MILES  
11109 Serenity Oaks Lane  
Thonotosassa, FL 33592

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**ARTICLE VI - DIRECTORS**

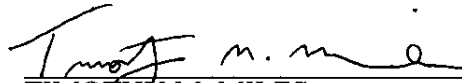
This corporation shall have two director(s) initially. The number of directors may be either increased or diminished from time to time by the By-Laws but shall never be less than one.

The name(s) and address(es) of the initial director(s) of this corporation is (are) as follows:

MICHELE D. MILES  
11109 Serenity Oaks Lane  
Thonotosassa, FL 33592

TIMOTHY M. MILES  
11109 Serenity Oaks Lane  
Thonotosassa, FL 33592

21 IN WITNESS WHEREOF the incorporator has hereunto set his hand and seal, this  
day of July, 2011.

  
TIMOTHY M. MILES

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

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida:

1. The name of the corporation is:


MILES STUMP REMOVAL, INC.

2. The name and address of the registered agent and office is:

TIMOTHY M. MILES  
11109 Serenity Oaks Lane  
Thonotosassa, FL 33592

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

  
TIMOTHY M. MILES

TITLE Registered Agent

DATE July 21, 2011