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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

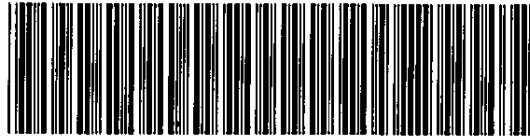
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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OCT 21 2014

T. SCOTT



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## COVER LETTER

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

SUBJECT: STUMPS FOR LESS, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: WILLIAM J. PRICE  
Name (Printed or typed)

9672 S. BUCKSKIN AVE.  
Address

FLORAL CITY, FL 34436  
City, State & Zip

(352) 476-9730  
Daytime Telephone number

bill.price469@gmail.com  
E-mail address: (to be used for future annual report notification)

**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: STUMPS FOR LESS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

9672 S. BUCKSKIN AVE.  
FLORAL CITY, FL 34436

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TREE STUMP REMOVAL,  
OTHER LANDSCAPING SERVICES, WHATEVER  
ELSE THE STATE OF FLORIDA ALLOWS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: WILLIAM J. PRICE, PRESIDENT Name and Title: SE

Address: 9672 S. BUCKSKIN AVE. Address: \_\_\_\_\_  
FLORAL CITY, FL 34436

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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(cont.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: WILLIAM J. PRICE  
Address: 9672 S. BUCKSKIN AVE.  
FLORAL CITY, FL 34436

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: WILLIAM J. PRICE  
Address: 9672 S. BUCKSKIN AVE.  
FLORAL CITY, FL 34436

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DIVISION OF CORPORATE AFFAIRS

*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*

  
Required Signature/Registered Agent

10/9/14  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Required Signature/Incorporator

10/9/14  
Date