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To:

From:

Division of Corporations

Fax Number : (850)617-6381

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.★▶

Email Address:\_

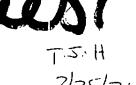
## FLORIDA PROFIT/NON PROFIT CORPORATION ALL FLORIDA STUMPS CORP

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## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

**ARTICLE 1** NAME: The name of the corporation is:

The principal street address and mailing address is:  10244 Sw 169 tw Morm ft 33157  ARTICLE III SHARES: The number of shares of stock is:  ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:  Jesse Pastor - Godinez (P)
ARTICLE III SHARES: The number of shares of stock is: D.D.  ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Jesse Pastor - Godinez (P)
,
ADDRESS AND AND AND STREET (DDDESS)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:  The name and Florida street address (PO Box not acceptable) of the registered agent is:
Jesse Yastor-Godinez 10244 Sw 169 ter Miami fl 33157
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is
Jesse Pastur-Godinez
10244 SW 169 for Miami fl 33154 55 = =

## EIN 99-2004703

## Required Signatures:

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

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.