

F19000005701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

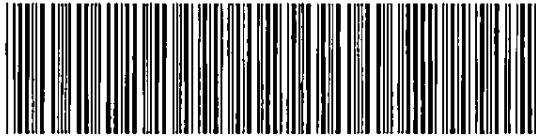
(Business Entity Name)

(Document Number)

Certified Copies 08 Certificates of Status _____

Special Instructions to Filing Officer:
19 DEC 17 PM 4:48
W19000109732

Office Use Only



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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

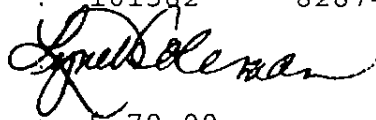
✓

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 101582 8287490

AUTHORIZATION



COST LIMIT : \$ 70.00

ORDER DATE : December 13, 2019
ORDER TIME : 11:45 AM
ORDER NO. : 101582-015
CUSTOMER NO: 8287490

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TALLAHASSEE, FLORIDA
STATE

FOREIGN FILINGS

NAME: CERTUS PEST, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: _____



RESUBMIT
Please give original
submission date as file date.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 18, 2019

CSC

SUBJECT: CERTUS PEST, INC.
Ref. Number: W19000109732

We have received your document for CERTUS PEST, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 419A00025715

2019 DEC 18 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

49 DEC 26 PM 3:36

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Certus Pest, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Ben D. Kaplan

Name of Person

Certus Pest, Inc.

Firm/Company

268 Peddlers Road

Address

Guilford, CT 06437

City/State and Zip code

ben.kaplan@certuspest.com

E-mail address: (to be used for future annual report notification)

2019 DEC 17 PM 4:49
 RECEIVED
 TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Ben D. Kaplan at (203) 988-0288

Name of Person
Area Code
Daytime Telephone Number

STREET/COURIER ADDRESS:
 Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

MAILING ADDRESS:
 Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status
 \$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Certus Pest, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DE 3. 83-4381920
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. February 6, 2019 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 268 Peddlers Road Guilford, CT 06437
(Principal office street address)

_____ (Current mailing address, if different)

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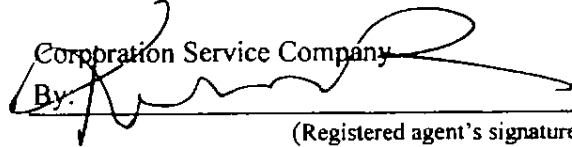
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

9. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: 
Corporation Service Company Kadesha Roberson
Asst. Vice President
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Gene Shkolnik
 Vice Chairman Address: 268 Peddlers Road
 Director Guilford, CT 06437
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Jeffrey Rosenthal
 Vice Chairman Address: 268 Peddlers Road
 Director Guilford, CT 06437
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

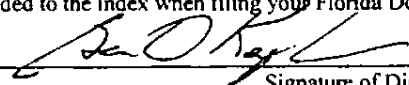
Chairman Name: Michael Givlin
 Vice Chairman Address: 268 Peddlers Road
 Director Guilford, CT 06437
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Ben D. Kaplan
 Vice Chairman Address: 268 Peddlers Road
 Director Guilford, CT 06437
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. 
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Ben D. Kaplan, CFO
 (Typed or printed name and capacity of person signing application)

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CERTUS PEST, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CERTUS PEST, INC." WAS INCORPORATED ON THE SIXTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

FILED
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SECRETARY OF STATE
DELAWARE




Jeffrey W. Bullock, Secretary of State

7270512 8300

SR# 20198634534

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204215331

Date: 12-13-19