# L11000138866

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600214367166

11/23/11--01006--016 \*\*160.00

EFFECTIVE DATE 01-01-12

SECRETARIOR STATE

B. BOSTICK
DEC - 9 2011
EXAMINER

# **COVER LETTER**

TO: Registration of	on Section Corporations			
SUBJECT: And	re Pest Control			
	Name of Limit	ted Liability Compa	any	
The enclosed Article	es of Organization and fee(s) are	submitted for filing	g.	
Please return all corr	respondence concerning this mat	ter to the following	<b>;</b>	
Andre .	Janssens			
		Name of Person		
Andre F	Pest Control			
<del></del>		Firm/Company	<del></del>	<del> </del>
3229 G	rant Street			
		Address	,	
Hollywoo	od/Florida 33021			<del></del>
		ty/State and Zip Code	<b>;</b>	1 PE
andre@a	ndrepestcontrol.com E-mail address: (to be used :	for future annual repo	ort notification)	<u> </u>
For further informati	on concerning this matter, please	-	ŕ	(A) (B)
To fature miorinal	ion concerning and matter, pieas	c can.		
Andre Janssei	ns	<sub>at (</sub> 954	322-0394	<u> </u>
Na	me of Person	Area Code	& Daytime Telephone Number	AIDA AIDA
Enclosed is a check	k for the following amount:			,
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	py Certificate y is enclosed) Certified C	of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B	ourier Address on Section of Corporations ouilding ecutive Center Circle	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The	name	of the	Limited	Liability	(

Company is:

# Andre Pest Control "LLC."

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### **ARTICLE II - Address:**

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
3229 Grant Street	3229 Grant Street
Hollywood/Florida	Hollywood/Florida
33021	33021

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

florida street address of the registered agent are:	77	
MARÍA MAR	3E5	二
Name	<u> </u>	)E(
3229 GRANT STREET	SS:	င်္
Florida street address (P.O. Box NOT acceptable)		0
HOLLY WOODFL 35021	0-7	ယ္
/ City, State, and Zip	RIDA	Ç.

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
"MGR"	Maria Mar	
	3229 Grant Street	<del></del>
	Hollywood/Florida	<del></del>
	33021	<del></del>
		FF
	Ŭ I	
		3: 54 FLOKIDA
(Use attachment if necessary)	Δ .	P

ARTICLE V: Effective date, if other than the date of filing: 2012. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

#### **REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

## Andre Janssens

Typed or printed name of signee

### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 28, 2011

ANDRE PEST CONTROL "LLC" 3229 GRANT STREET HOLLYWOOD, FL 33021

SUBJECT: ANDRE PEST CONTROL "LLC"

Ref. Number: W11000059695

We have received your document for ANDRE PEST CONTROL "LLC" and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The document must be signed by a member or an authorized representative of a member.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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) 245-6028.

Barbara Bostick Regulatory Specialist II

Letter Number: 711A00026648