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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to Fi	ling Officer:	

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SEGRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Drake's Pro Pest Solutions. 11(Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bradley Drake Name of Person
Drakes pro pest solutions 11(2)
DO BOX 161
Naples, FL 34101
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bradley Dvake at (239) 293-4875 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status □\$130.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
249 2442 44175+SW DO BOX 1/6/1 Naples, FL 34/16 Naples, FL 34/16
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:
Bradley Drake.
2442 44th St SW 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Florida street address (P.O. Box NOT acceptable)

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.

City, State, and Zip

Registered Agent's Signature (REQUIRED

(CONTINUED)

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

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

"MGR" = M	lanager	Name and Address:
	Managing Member	
	 	
		
		
		
		
		
(Use attachn	nent if necessary)	
•	-,	
CLE V: Effec	ctive date, if other than th	he date of filing: (OPTIONAL)
		st be specific and cannot be more than five business days
effective date		
effective date	after the date of filing.)	
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effective date o or 90 days :	D SIGNATURE:	ber or an authorized representative of a member.
effective date o or 90 days a <u>REQUIRE</u>	D SIGNATURE: Signature of a member of a m	ber or an authorized representative of a member. 08.408(3), Florida Statutes, the execution of this document
effective date o or 90 days a REQUIRED	D SIGNATURE: Signature of a member of a m	ber or an authorized representative of a member.

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)