

L14,000152411

(Requestor's Name)

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☐ PICK-UP

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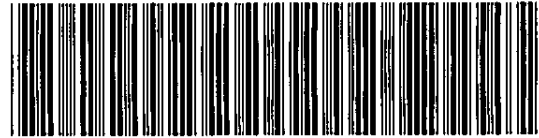
(Business Entity Name)

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15 MAY 26 PM 4:06
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TALLAHASSEE, FLORIDA

OCT 29 2015
Y SULKER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Compass Pest Control, LLC

Signature _____

Requested by: SETH

10/28/15

Name

Date

Time

Walk-In

Will Pick Up

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ ☒ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ ☒ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2015

CAPITAL CONNECTION, INC.

SUBJECT: SIMU PROPERTIES, LLC
Ref. Number: L14000188237

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TALLAHASSEE, FLORIDA

We have received your document for SIMU PROPERTIES, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only one person per dissociation document. To remove two AMBRs we will two documents and two filing fees.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 215A00011067

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For Different
Client,

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**AMENDED AND RESTATED ARTICLES OF ORGANIZATION
COMPASS PEST CONTROL, LLC, A
FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I – NAME

The name of the Limited Liability Company is:
COMPASS PEST CONTROL, LLC

ARTICLE II – ADDRESS

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

Principal Office Address:
9156 107th Ave.
Vero Beach, FL 32967

Mailing Address:
9156 107th Ave.
Vero Beach, FL 32967

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the initial Registered Agent are:

Christopher Hudmon
9156 107th Ave.
Vero Beach, FL 32967

Having been named as initial Registered Agent and to accept service of process for the above stated Limited Liability Company at the place designated in this Article of these Articles of Organization, I hereby accept the designation 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 605 of the Florida Statutes.

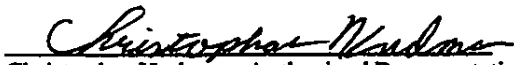

Christopher Hudmon, Registered Agent

ARTICLE IV – MANAGEMENT

The Limited Liability Company shall be a manager-managed Limited Liability Company.

The initial Managers of the Limited Liability Company shall be Christopher Hudmon and Brian Combs, and each shall serve as such until such Manager resigns, is removed, or can no longer serve for any reason as provided in the Operating Agreement for this Limited Liability Company.

IN WITNESS WHEREOF, the undersigned, an authorized representative of a member of the Limited Liability Company, has affixed his signature this 23 day of October, 2015.


Christopher Hudmon, Authorized Representative