

M24000002029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

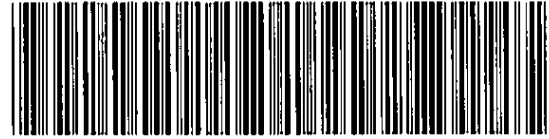
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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ALLAHASSER, FLORIDA

FEB 17 2024
K. Brumbley



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext:
Date: 02/16/24
Order #: 1404430-1
Re: Wayne's Pest Control Services, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$1041.25 - FL State Account Number:
I20000000195

Certificate of Good Standing from State of Incorporation
auth

A handwritten signature in black ink, appearing to read 'Shauna Godbolt', is written over the word 'auth'.

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wayne's Pest Control Services LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Krista Johnson
Name of Person
Anticimex Inc
Firm/Company
106 Allen Rd Ste 320
Address
Basking Ridge, NJ 07920
City/State and Zip Code
arcompliancecontact@cscglobal.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Krista Johnson at (207) 576-5913
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

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

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Wayne's Pest Control Services, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Alabama 81-4852167
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. December 29, 2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 100 Concourse Parkway Ste 360 100 Concourse Parkway Ste 360
(Street Address of Principal Office) (Mailing Address)
Hoover, AL 35244 Hoover, AL 35244

7. 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)

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Registered agent's acceptance:
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 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.

Corporation Service Company
By:
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Manager Member Authorized Person Other _____

Name and Address: Name: Anticimex Inc
Address: 106 Allen Rd Ste 320
Basking Ridge, NJ 07920

Title or Capacity: Manager Member Authorized Person Other _____

Name and Address: Name: William Talon
Address: 106 Allen Rd Ste 320
Basking Ridge, NJ 07920

Manager Member Authorized Person Other President _____

Name and Address: Name: Shawn Hollis
Address: 100 Concourse Parkway Ste 360
Hoover, AL 35244

Manager Member Authorized Person Other Secretary, Treas _____

Name and Address: Name: Tomas Björksiöö
Address: Hälsingegatan 40
113 43 Stockholm

Manager Member Authorized Person Other Asst Treasurer _____

Name and Address: Name: Olivier Wentzke
Address: 106 Allen Rd Ste 320
Basking Ridge, NJ 07920


Manager Member Authorized Person Other _____

Name and Address: Name: _____
Address: _____

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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.



Signature of an authorized person

Olivier Wentzke

Typed or printed name of signer

Wes Allen
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Wes Allen, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Wayne's Pest Control Services, LLC was formed in Shelby County on December 9, 2016. The Alabama Entity Identification number for this entity is 000-378-233. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20240130000003088

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

01/30/2024

Date

A handwritten signature in black ink, appearing to read "Wes Allen", is written over a horizontal line.

Wes Allen

Secretary of State