TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

500003458665--6 -11/09/00--01059--002 *****78.75 *****78.75

Subject

A-Z Pest Management, Inc.

Enclosed is an original and two (2) copies of the articles of incorporation and a check for

⋈ \$78.75 Filing Fee & Certified Copy

\$122.50 Filing Fee & Certified Copy

7\$131.25 Filing Fee, Certified Copy

& Certificate

(ADDT'L COPY REQ'D)

(ADDT'L COPY REQ'D)

FROM:	Nellie Akalp	
	30141 Agoura Road, Suite 205	
	Agoura Hills, California 91301	700
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NOTE: Please provide the original and one copy of the articles. Provide TWO copies if you have requested a certified copy as designated in the boxes above.

ARTICLES OF INCORPORATION OF A-Z Pest Management, Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida business Corporation Act, hereby adopts the following articles of incorporation.

ARTICLE I NAME
The name of the Corporation shall be: A-Z Pest Management, Inc.
ARTICLE II PRINCIPAL OFFICE
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 33 Wickliffe Drive Naples, Florida 34110
33 Wickliffe Drive
Naples, Florida 34110
ARTICLE III SHARES
The number of shares that this corporation is authorized to have outstanding at any one time is: 500 at
\$1.00 par value per share.
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent is:
Edward V. Fagliarone 33 Wickliffe Drive Naples, Florida 34110
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation is:
Nellie Akalp
30141 Agoura Road, Suite 205 Agoura Hills, California 91301
Agoula Hills, Califolnia 91301
768618 9000 - 11/2/2000 -
Nellie Akalp, Incorporator Date
Having been named as registered agent and to accept service of process for the above stated corporation 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 fulles, and I am familiar with and accept the obligations of my position as registered agent.
Edward Fagliarone, Registered Agent Date