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TRANSMITTAL LETTER

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

SUBJECT: MATURZONEOFS.W.Fl.				
	(PROPOSED CORPORA)	'E NAME – <u>MUST INCL</u> E	IDE SUFFIX)	
Enclosed are an orig	rinal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Kupt W. UnderKoFler Name (Printed or typed)				
1899 Porter Laked				
Sarasota FC 34240 /City, State & Zip				
239-595-0394 Davtime Telephone number				

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAMENATURZONE OF S.W. FL. INC The name of the corporation shall be: PRINCIPAL OFFICE The principal place of business/mailing address is: 1899 Porter Caked R SARASOTA, F(34240 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: Pest Contro C ARTICLE IV SHARES 1000 The number of shares of stock is: ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): President Kurt N. Underko Fler Sec/Treas. ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: KURT W. UNDERKO Fler 4001 Santa Bri Bara Blud NATICE VII INCORPORATOR The name and address of the Incorporator is: KURT UNDERKOFLER 4001 Santa BarBara Blud #341

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent
Signature/Incorporator

NAPLES, FL 34104

Date

| 12/16/02

| Date