

PO3000144304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

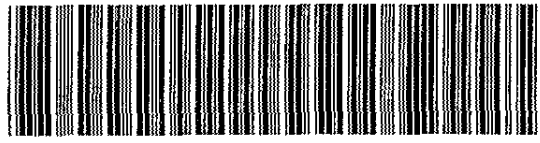
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/26/03--01033--005 **70.00

03 NOV 26 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

3-11
SUBJECT: Service Solutions of Central Florida, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Gary J. Martin
Name (Printed or typed)

4750 Rosewood Drive
Address

Orlando, FL 32806
City/State & Zip

407-766-4005
Daytime 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 NAME

The name of the corporation shall be:

Service Solutions of Central Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

P.O. Box 721063
Orlando, FL 32872

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

termite pretreats
WDO inspections

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

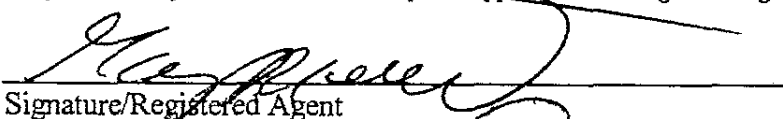
Gary Martin
4750 Rosewood Dr
Orlando, FL 32806

ARTICLE VII INCORPORATOR

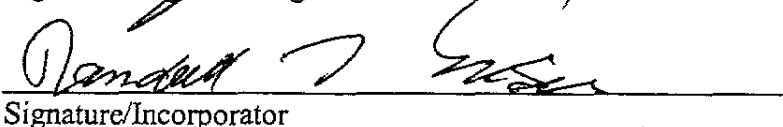
The name and address of the Incorporator is:

RANDALL ENGBAR
1400 DELANEY AVE
Orlando FL 32806

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

11/20/03
Date


Signature/Incorporator

11-20-2003
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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