F01000002957

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VECTOR DISEASE CONTROL, INCORPORATED
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

CARROLL P. LESTER, JR.
(Name of Person)

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*****78.75 *****78.75

VECTOR DISEASE CONTROL, INC.
(Firm/Company)

P.O. BOX 566
(Address)

DEWITT, ARKANSAS 72042
(City/State and Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

CARROLL P. LESTER, JR. at (800) 413-4445
(Name of Person) (Area Code & Daytime Telephone Number)

F01-2957
QL

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ $70.00 Filing Fee ☒ $78.75 Filing Fee & Certificate of Status ☐ $78.75 Filing Fee & Certified Copy ☐ $87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. VECTOR DISEASE CONTROL, INCORPORATED
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. ARKANSAS
(State or country under the law of which it is incorporated)

3. 71-0715455
(FEI number, if applicable)

4. APRIL 15, 1992
(Date of incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 203 EAST CROSS STREET, DEWITT, AR 72042
(Principal office address)

P.O. BOX 566, DEWITT, AR 72042
(Current mailing address)

8. AGRICULTURAL, COMMERCIAL, AND RESIDENTIAL PEST AND WEED CONTROL
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: ALLEN W. WOOLDRIDGE

Office Address: ADAPCO, INC. 2800 S. FINANCIAL CT

SANFORD (City), Florida 32773 (Zip code)

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TALLAHASSEE, FLORIDA

10. **Registered agent's acceptance:**
Having been named as registered agent and to accept service of process for the above stated corporation 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.

Allen W Wooldridge
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. **Names and business addresses of officers and/or directors:**

A. DIRECTORS

Chairman: ROBERT A. LOE

Address: P.O. BOX 566, DEWITT, AR 72042

Vice Chairman: KERRY D. BOURNE

Address: P.O. BOX 566, DEWITT, AR 72042

Director: MATTHEW L. EVANS

Address: P.O. BOX 566, DEWITT, AR 72042

Director:

Address:

B. OFFICERS

President: ROBERT A. LOE

Address: P.O. BOX 566, DEWITT, AR 72042

Vice President: KERRY D. BOURNE

Address: P.O. BOX 566, DEWITT, AR 72042

Secretary: MATTHEW L. EVANS

Address: P.O. BOX 566, DEWITT, AR 72042

Treasurer: MATTHEW L. EVANS

Address: P.O. BOX 566, DEWITT, AR 72042

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ROBERT A. LOE, PRESIDENT
(Typed or printed name and capacity of person signing application)

Sharon Priest
SECRETARY OF STATE

State of Arkansas
SECRETARY OF STATE

CERTIFICATE OF GOOD STANDING
OF A
DOMESTIC CORPORATION

I, Sharon Priest, Secretary of State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show:

VECTOR DISEASE CONTROL INCORPORATED

a corporation chartered under the laws of the State of Arkansas, filed Articles of Incorporation April 15, 1992.

I further certify that as far as the records show, this corporation is at this time chartered and in good standing, having met all the requirements governing a domestic corporation in this State.

In Testimony Whereof, I have hereunto set my hand and affixed my Official Seal. Done at my office in the City of Little Rock, Arkansas this 21st day of May 2001.

Sharon Priest

Sharon Priest, Secretary of State

by: D E Morrow

C-2/Rev 10-1-88