F11000001884

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PICK-UP WAIT MAIL
(Business Entity Name)
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SECRETARY OF STATE

T. Burch MAY, 2 2000

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Peachtize Pest Control Co., Inc. Name of corporation - must include suffix
rante of corporation must metade surface
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" 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:
Name of Person
Parl Carled Control
Firm/Company
1394 Indian Trail Road Ste. 100
Address
Norcross, GA. 30093
Carnold C Peachtre Destcontrol. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Corey Arnold at (770) 931-9099 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing 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 Certified Copy \$87.50 Filing Fee, Certificate of Status Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 14, 2011

COREY ARNOLD 1394 INDIAN TRAIL ROAD STE 100 NORCROSS, GA 30093

SUBJECT: PEACHTREE PEST COMNTROL CO, INC.

Ref. Number: W11000021077

We have received your document for PEACHTREE PEST COMNTROL CO, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$650.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Regulatory Specialist II

Letter Number: 811A00009106

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1	Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	-
2.	If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Corpia 3. 58-1768466 State or country inder the law of which it is incorporated) (FEI number, if applicable)	- -
4	(Date of incorporation) 5. Despetual (Duration! Year orp. will cease to exist or "perpetual")	
6 7	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1394 Tadica Tail Polymeross, Ge. 80093 Fig. (Principal office address)	2811 K
	(Current mailing address)	_ M
8	Provide Pest Managment Services (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	3 24 (
9. N	Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Knowles	5
Offic	Orlando FL , Florida 32828 (City) (Zip code)	
Havi desig furtl	Registered agent's acceptance: ving been named as registered agent and to accept service of process for the above stated corporation at the ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capa there agree to comply with the provisions of all statutes relative to the proper and complete performance of my position as registered agent.	acity. I

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.

(Registered agent's signature)

· 12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: _ Address: _____ 30093 Vice Chairman: Address: Director: __ Address: Director: **B. OFFICERS** President: Vice President: ____ Brunswich Secretary: ___ Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein

are true and that he or she is aware that 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.

(Typed or printed name and capacity of person signing application)

Control No. H604829

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

PEACHTREE PEST CONTROL CO., INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 06/15/1976 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 8th day of April, 2011

B: P.h-

Brian P. Kemp Secretary of State

Certification Number: 7290840-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp