

F/6000000124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

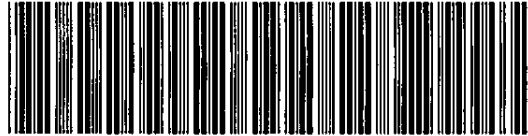
(Document Number)

Certified Copies _____ Certificates of Status _____

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K. SALY
EXAMINER

JAN 11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 JAN -7 AM 11:44
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TALLAHASSEE, FLORIDA

December 29, 2015

NANCY MADRID
BUG DOCTOR INCORPORATED
585 WINTER AVE.
PARAMUS, NJ 07652

SUBJECT: BUG DOCTOR INCORPORATED
Ref. Number: W15000082704

We have received your document for BUG DOCTOR INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is P99000017684 "THE BUG DOCTOR INC.".

The FAX audit number must be on the top and bottom of each page of the document.

1 Careen

*Please see attached
revised.*

Thank you!

Nancy Madrid

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bug Doctor, 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," 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:

Nancy Madrid - VP of Administration

Name of Person

Bug Doctor, Incorporated

Firm/Company

585 Winters Avenue

Address

Paramus, New Jersey 07652

City/State and Zip code

nancy@bugdoctorinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Madrid

201

599-1007 ext 115

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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. Bug Doctor, Incorporated
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Bird Doctor, Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey 3. 22-3168639
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 28, 1992 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 585 Winters Avenue Paramus, NJ 07652
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Samuel Jimenez

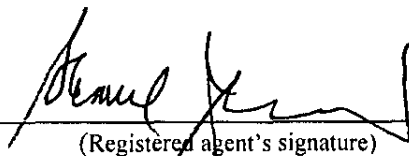
Office Address: 8900 Washington Blvd
Pembroke Pines, Florida 33025
(City) (Zip code)

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9. 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.


(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Stuart Aust

Address: 585 Winters Avenue Paramus, NJ 07652

Vice President: _____

Address: _____

Secretary: Donna Aust

Address: 585 Winters Avenue Paramus, NJ 07652

Treasurer: _____

Address: _____

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

12. Stuart Aust is President
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Stuart Aust as President & CEO

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

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TALLAHASSEE, FLORIDA

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

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TALLAHASSEE, FLORIDA

BUG DOCTOR INCORPORATED

0100508323

With the Previous or Alternate Name

BIRD DOCTOR, INC. (Alternate Name)
MOSQUITO DOCTOR, INC. (Alternate Name)
ANIMAL DOCTOR, INC. (Alternate Name)
STADIUM DOCTOR, INC. (Alternate Name)
BUG DOCTOR TERMITE AND PEST CONTROL (Alternate Name)
BIRD DOCTOR NATIONWIDE (Alternate Name)
BED BUG DOCTOR (Alternate Name)
RESTORATION DOCTOR (Alternate Name)
BUG DOCTOR NATIONWIDE (Alternate Name)
BIRD DOCTOR WORLDWIDE (Alternate Name)
TREE DOCTOR (Alternate Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on January 28, 1992.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

*Bug Doctor Inc.
585 Winters Avenue
Paramus, NJ 07652*

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

BUG DOCTOR INCORPORATED

0100508323



Certification# 137833113

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
15th day of December, 2015*

A handwritten signature in black ink, reading "Ford M. Scudder".

*Ford M Scudder
Acting State Treasurer*

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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