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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

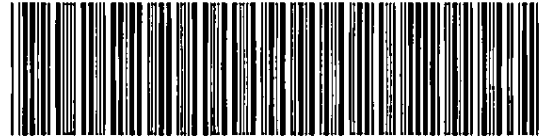
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JAN 06 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 9, 2019

KARIN CHADWICK OR LANCE BODILY  
148 BLUE LAKES BLVD N #106  
TWIN FALLS, ID 83301 US

SUBJECT: MASTERGUARD PEST CONTROL, INC.  
Ref. Number: W19000105850

We have received your document for MASTERGUARD PEST CONTROL, 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):

Please remove "DBA" from second line,

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6052.

Tacarri K Glass  
Regulatory Specialist II

Letter Number: 919A00024997

RECEIVED

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Masterguard Pest Control, Inc. DBA Fenix Pest Control  
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:

Karin Chadwick or Lance Bodily  
Name of Person

Masterguard Pest Control DBA Fenix Pest Control  
Firm/Company

148 Blue Lakes Blvd N. #106  
Address

Twin Falls, ID 83301  
City/State and Zip code

Karin@fenixpestcontrol and Lance@fenixpestcontrol  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Lance Bodily at ( 262 ) 443-5619  
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. Masterguard Pest Control, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. Iowa (State or country under the law of which it is incorporated) 3. 47-3519907 (FEI number, if applicable)

4. 3/25/2015 (Date of incorporation) 5. (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. 755 West SR 434 Unit M Longwood, FL 32750 (Principal office address)

148 Blue Lakes Blvd. N # 106 Twin Falls, ID 83301 (Current mailing address, if different)

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

Name: Lance Bodily / Fenix Pest Control

Office Address: 755 West SR 434 Unit M

Longwood, Florida 32750 (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.

[Handwritten signature]

(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: Lance Bodily

Address: 13935 Walcott Ave

Orlando, FL 32927

Vice Chairman: SAME

Address: \_\_\_\_\_

Director: SAME

Address: \_\_\_\_\_

Director: SAME

Address: \_\_\_\_\_

**B. OFFICERS**

President: Lance Bodily

Address: 13935 Walcott Ave.

Orlando, FL 32927

Vice President: SAME

Address: \_\_\_\_\_

Secretary: SAME

Address: \_\_\_\_\_

Treasurer: SAME

Address: \_\_\_\_\_

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

12.  \_\_\_\_\_

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. Lance Bodily Owner - President \_\_\_\_\_

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

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**IOWA SECRETARY OF STATE  
PAUL D. PATE**



**CERTIFICATE OF EXISTENCE**

Issue Date: 1/6/2020

Name: MASTERGUARD PEST CONTROL, INC. (490 DP - 495803)

Date of Incorporation: 3/2/2015

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

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Certificate ID: **CS184488**

To validate certificates visit:  
[sos.iowa.gov/ValidateCertificate](https://sos.iowa.gov/ValidateCertificate)

  
Paul D. Pate, Iowa Secretary of State