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COVER LETTER

	stration Section ion of Corporations				
SUBJECT:	Spider Control, Inc., d/b/a SC	Cl Pest Solutions			
sommer.		of corporation -	must include suffix		
Dear Sir or M	adam:				
"Certificate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to t	of Good Stand	ing" and check are subn		
Please return	all correspondence concerni	ing this matter t	o the following:		
Zachary W. Lo	ombardo, Esq.				
		Name of P	erson		
Woodward, Pi	res and Lombardo, P.A.				
_		Firm/Comp	pany		
3200 Tamiami	Trail North, Suite 200				
		Addres	is		
Naples, Florida	a 34103				
		City/State an	d Zip code		
zlombardo@w	· -				
	E-mail address	s: (to be used fo	r future annual report no	otification)	
For further in	formation concerning this m	natter, please ca	11:		
Zachary W. Lo	ombardo, Esq.	at (239	(239) 649-6555		
Nam	e of Person	Area Code	Daytime Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following amore ck payable to: FLORIDA Ding Fee	EPARTMENT (g Fee & □	OF STATE \$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.

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	FIL 2001 13
34211-0763	
34211-0763 (Zip code)	
for the above stated corporation ered agent and agree to act in thi proper and complete performanc	at the place is capacity.
	for the above stated corporation ered agent and agree to act in thi proper and complete performancistered agent.

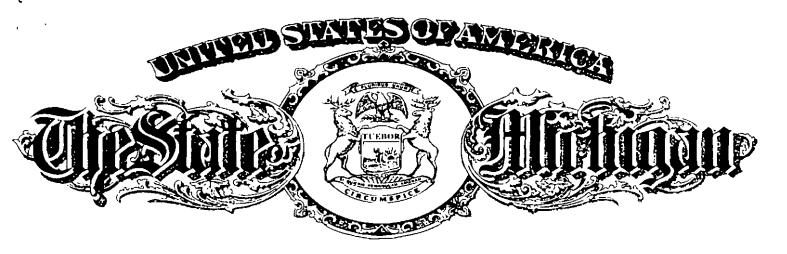
11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

A. DIRECTORS							
□Chairman	Name:	□Chairman	Name: Andrew	P. Behe 			
□Vice Chairman	Address: 45689 Goodwill Lane	□Vice Chairman	Address:				
Director	Macomb, MI 48044	Director	Oxford, MI 48.	370			
President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	■ Secretary		■ Treasurer			
□Other		□Other		□Other			
□Chairman	Name:	□Chairman					
	Address:	□Vice Chairman	Address:	<u> </u>			
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary		□Treasurer			
□Other	□Other	□Other		□Other			
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□ Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	□Secretary		□Treasurer			
□Other	□Other	□Other		□Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. Signature of Director of 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.

Andrew P. Behe, Director, Secretary, & Treasurer



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

SPIDER CONTROL, INC.

was validly incorporated on February 14 . 1966 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

TO REGULATION AND THE STATE OF THE STATE OF

Sent by electronic transmission
Certificate Number: 20103973310

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 6th day of October, 2020.

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau

Verify this certificate at: URL to eCertificate Verification Search http://www.michigan.gov/corpverifycertificate.