## F21000002570

	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
☐ BICK*∩!	WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 799603 4311859

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: May 7, 2021

ORDER TIME : 12:23 PM

ORDER NO. : 799603-020

CUSTOMER NO: 4311859

\_\_\_\_\_\_

## FOREIGN FILINGS

NAME: PATRICK EXTERMINATING, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

## 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.

	able in Florida, enter alternate corporate nar	me adopted for the purpose of transacting business in Florida)	
Delaware		3. 65-0055974	_
•	ry under the law of which it is incorporated)	(FEI number, if applicable)	
May_7_, 202		5	_
(Date of incorporation) 5.		(Date of duration, if other than perpetual)	_
May_7_, 202			
		ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	
3226 SE GRAN	PARK WAY STIJART FL 34997		
3226 SE GRAN	PARK WAY, STUART, FL 34997  (Principal of	office street address)	_
3226 SE GRAN	(Principal	office street address)  uiling address, if different)	-
	(Principal of Current ma	uiling address, if different)	-
	(Principal o	uiling address, if different)	-
Name and <u>stre</u> Namc:	(Principal of Current ma	ulling address, if different)	-
Name and stre	(Principal of Current material of the Current material of Florida registered agent: (1)  Ben Kaplan	P.O. Box NOT acceptable)	

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.

Name: Ben Kaplan

(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.

A. DIRECTORS						
□Chairman	Mike Givlin Name:	□Chairman	Ben Kaplan Name:			
□Vice Chairman	c/o Patrick Exterminating, Inc. Address:	□Vice Chairman	c/o Patrick Exterminating, Inc.			
Director	3226 SE GRAN PARK WAY	Director	3226 SE GRAN PARK WAY			
□President	STUART, FL 34997	□President	STUART, FL 34997			
■Vice President		□Vice President				
☐ Secretary	Treasurer	Secretary	■ Treasurer			
□Other	Other	□Other	Other			
□Chairman	Name: Ron Shakespeare	□Chairman	Name:			
□Vice Chairman	c/o Patrick Exterminating, Inc.	□Vice Chairman	Address:			
□Director	3226 SE GRAN PARK WAY	□Director				
<b>■</b> President	STUART, FL 34997	□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 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.

Ben Kaplan, Treasurer



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PATRICK EXTERMINATING, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PATRICK EXTERMINATING, INC." WAS INCORPORATED ON THE SEVENTH DAY OF MAY,

A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 203162433

Date: 05-10-21