

F22000005620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

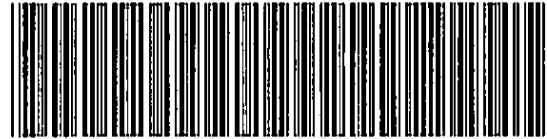
(Document Number)

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SEP - 8 2022

M. SOLOMON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PestNation Jacksonville, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Rob Lemoine  
Name of Person  
PestNation Jacksonville, LLC  
Firm/Company  
3276 Buford Dr. Ste. 104-306  
Address  
Buford GA 30519  
City/State and Zip Code  
rob@pestrnation.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rob Lemoine at ( 678 ) 300 6414  
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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CLERK OF STATE  
TALLAHASSEE, FL 32303

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. PestNation Jacksonville, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

PestNation LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC")

2. Georgia  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 88-3703954  
(FEI number, if applicable)

4. Will start sept. 2022  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 3276 Buford Dr.  
(Street Address of Principal Office)

6. Same  
(Mailing Address)

Ste. 104-306  
Buford GA 30519

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

Name: Rob Lewoine

Office Address: 2950 Halcyon Ln. Ste. 201  
Jacksonville, Florida 32223  
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

[Signature]  
(Registered agent's signature)

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OF FLORIDA

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:

☐ Manager Name: Rob Lemoine

☒ Member Address: 907 Indigo

☐ Authorized Bunting Rd.

Person Statham Gt 30666

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Title or Capacity: Name and Address:

☐ Manager Name: Catherine Lemoine

☒ Member Address: 907 Indigo

☐ Authorized Bunting Rd.

Person Statham Gt 30666

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_


Person \_\_\_\_\_

☐ 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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

  
\_\_\_\_\_  
Signature of an authorized person

Rob Lemoine  
\_\_\_\_\_  
Typed or printed name of signee

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CLERK OF STATE  
TALLAHASSEE, FLORIDA



August 30, 2022

To Whom It May Concern:

I recently received the letter with Reference Number W22000099805 (letter included) which stated that I filled in the incorrect forms. I have included the correct forms in this submission, but please note that I have changed the entity that I would like to register as a foreign entity in Florida. The original submission was for PestNation, LLC, but I would like to change it to PestNation Jacksonville, LLC. This was an error on my part. All required documentation should be included in this submission.

You currently have a \$70 check from me and I have included a \$55 check. Please apply the \$70 check to this submission. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to be "Rob Lemoine", written in a cursive style.

Rob Lemoine, Owner  
PestNation  
678.300.6414 cell

**Join the Pest Free Nation!**

[www.PestNation.com](http://www.PestNation.com) 678-765-2226  
3276 Buford Dr, Ste 104-306 Buford, GA 30519

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**PestNation Jacksonville, LLC**  
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. 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.

Docket Number : 23654278  
Date Inc/Auth/Filed: 08/07/2022  
Jurisdiction : Georgia  
Print Date : 08/23/2022  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 1, 2022

ROB LEMOINE  
PESTNATION LLC  
3276 BUFORD DRIVE, SUITE 104-306  
BUFORD, GA 30519

SUBJECT: PESTNATION LLC  
Ref. Number: W22000099805

We have received your document for PESTNATION LLC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$55.00.

The form you submitted is for a Foreign corporation, but your entity is a Foreign LLC. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon  
Senior Section Administrator

Letter Number: ~~122A00017135~~

*See attached letter*

RECEIVED

SEP 06 2022