

LD30000045917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

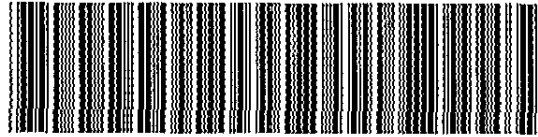
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500024274385

11/20/03--01023--002 **125.00

OFFICE OF THE
CLERK OF THE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

03 NOV 20 AM 8:36

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 NOV 20 AM 8:16

FILED

pk
11/2

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A & J Pest Service LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James K. Sneads
(Name of Person)

A & J Pest Service
(Firm/Company)

2372 Curlee Rd
(Address)

Sneads, FL 32460
(City/State and Zip Code)

For further information concerning this matter, please call:

James (Jamie) Sneads at _____
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
03 NOV 20 AM 8:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: A & J Pest Service LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2372 Curlee Rd
Sneads, FL 32460

Mailing Address:

Same

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

James K. Sneads
Name
2372 Curlee Rd.
Florida street address (P.O. Box NOT acceptable)
Sneads, FL 32460
City, State, and Zip

FILED
03 NOV 20 AM 8:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

James K. Sneads
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Name and Address:

James K. Sneads
2372 Curlee Rd
Sneads, FL 32460

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 NOV 20 AM 8:16

FILED

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE: Article IV effective date 11/1/04

James K. Sneads
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

James K. Sneads
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)