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2004 MAR 29 A 11: 54

SECRETARY OF STATE
FLORIDA



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03/29/04--01028--017 **160.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AL

Office Use Only

LAW OFFICES
MONROE DIXON
4345 S.W. 72 AVENUE
SECOND FLOOR, SUITE #E
MIAMI, FLORIDA 33155

Telephone: 305-665-1144

March 26, 2004

FILED
2004 MAR 29 A 11:54
FACSIMILE 305-665-1144
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Attn: New Filing

RE: Advanced Pest Management Systems LLC

Gentlemen:

Enclosed please find original and one copy of Articles of Organization for Florida Limited Liability Company.

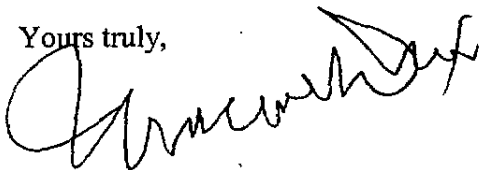
Also enclosed is my Trust Account check in the amount of \$160 representing the following:

| | |
|---------------------------------|-------|
| Filing Fee | \$100 |
| Designation of Registered Agent | \$25 |
| Certified Copy | \$30 |
| Certificate of Status | \$5 |

Please forward Certified Copy and Certificate of Status to the undersigned upon completion of the filing.

Thank you.

Yours truly,



MONROE DIXON
/ac

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Advanced Pest Management Systems LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1586 South Dixie Hwy

1586 South Dixie Hwy

Coral Gables, Florida 33146

Coral Gables, Florida 33146

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

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

Monroe Dixon

Name

4345 SW 72 Avenue, Suite E

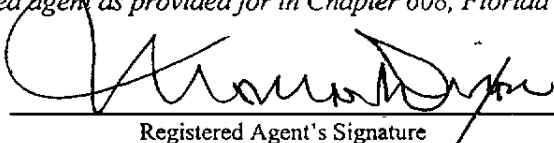
Florida street address (P.O. Box **NOT** acceptable)

Miami, Florida 33155

FLORIDA

City, State, and Zip

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, Florida Statutes..



Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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

Name and Address:

MGR

Salim Mitha

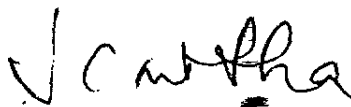
1586 S. Dixie Hwy

Coral Gables, FL 33146

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

Salim Mitha

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)