L04000037512

A
(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:





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CIVISION OF CORPORATION

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TRANSMITTAL LETTER

SUBJECT:	Mariner Termite and Pest Control, L.L.C				
	(Name of Limited Liability Company)				
The enclosed A	rticles of Organization and fee(s) are submitted for filing.				
	Please return all correspondence concerning this matter to the following:				
	Byron E. Teter Sr.				
	(Name of Person)				
	Mariner Termite and Pest Control, L.L.C.				
	(Firm/Company)	2 2			
	1431 Mariner Blvd.	AVM 90			
	(Address)	7			
	Springhill, FL 34609	PA .			
	(City/State and Zip Code)	1: 32			
For further infor	mation concerning this matter, please call:	32			
B	renda Voss at (727 846-8212				
	(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: Mariner Termite and Pest Company is:	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1431 Mariner Blvd.	1431 Mariner Blvd.
Springhill, FL 34609	Springhill, FL 34609
	OF COLUMN
	PM
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re	
Byron E. Teter S	Sr
Name 1431 Mariner Blv	rd.
Florida street address (P.O.	Box NOT acceptable)
Springhill	34609 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, Florida Statutes.

City, State, and Zip

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	Byron E. Teter Sr.	
	1431 Mariner Blvd.	
	Springhill, FL 34609	
<u></u>	-	<u> </u>
	<u></u>	
		O4 MAY
: -		
(Use attachment if necessary)		- PH
NOTE: An additional article mus	t be added if an effective date is requested.	RATIONS 1:32
REQUIRED SIGNATURE:		
Signature of a member or	an authorized representative of a member.	<u></u> .
	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury	

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)

Typed or printed name of signee

Byron E. Teter Sr.