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SECRETARY OF STATE
DIVISION OF CORPORATIONS

208/05/04

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alternative Pest Control, L.L.C.
(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:

Maureen K. Lawley

(Name of Person)

Alternative Pest Control, L.L.C.

(Firm/Company)

6843 Larchmont Avenue

(Address)

New Port Richey, FL 34653

(City/State and Zip Code)

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DIVISION OF CORPORATIONS
STATE OF FLORIDA

For further information concerning this matter, please call:

Brenda Voss

(Name of Person)

at (727) 846-8212

(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**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Alternative Pest Control, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

6843 Larchmont Avenue
New Port Richey, FL 34653

Mailing Address:

6843 Larchmont Avenue
New Port Richey, FL 34653

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

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

Maureen K. Lawley

Name

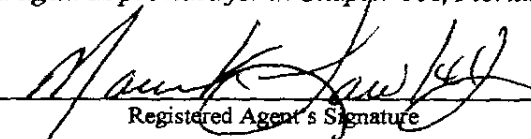
6843 Larchmont Avenue

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

New Port Richey FLORIDA 34653

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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CLERK OF STATE
DIVISION OF CORPORATIONS

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:

MGRM

Maureen K. Lawley
6843 Larchmont Avenue
New Port Richey, FL 34653

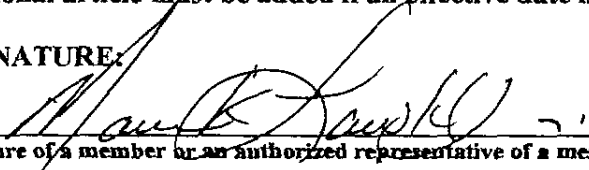
Member

Pamela Zambon
6843 Larchmont Avenue
New Port Richey, FL 34653

(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.)

Maureen K. Lawley

Typed or printed name of signer

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SECRETARY OF STATE

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)