

LOS 000042884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies

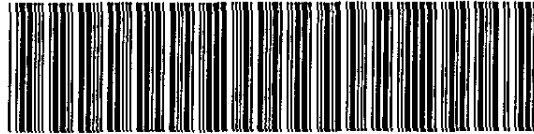
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Certificates of Status

Special Instructions to Filing Officer:

52

Office Use Only



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04/25/05--01058--018 **\$5.00

05/13/04--01038--005--\$70.00

FILED
MAY 13 2004
FBI - LOS ANGELES

05/13/04 11:33

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations Attn: Marsha

SUBJECT: Summit Pest Control 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:

Derek Giordano

(Name of Person)

Summit Pest Control

(Firm/Company)

6130 Edgewater Dr. Suite G

(Address)

Orlando FL 32810

(City/State and Zip Code)

For further information concerning this matter, please call:

Derek or JoAnn

(Name of Person)

at (407) 293-6231

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

✓ \$55 remainder due
ref. W04000019518

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

05/02/27 AM 11:33

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Summit Pest Control 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:

6130 Edgewater Dr Suite G - same -
Orlando FL 32810

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

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

Derek Gordino
Name

6130 Edgewater Dr Suite G
Florida street address (P.O. Box **NOT** acceptable)
Orlando FL 32810
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, F.S.


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

Name and Address:

MGR

Derek Giordano
818 Renaissance Pointe #207
Altamonte Springs FL 32714

MGRM

Benson Smith
1415 West Hwy 54 Suite 103
Durham, NC 27713

MGRM

Brian Coon
2433 Centerline Indust. Dr.
Maryland Heights, MO 63043

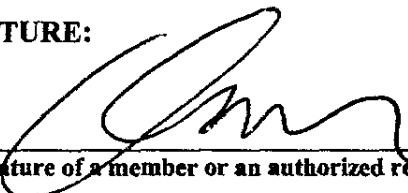
MGRM

Tyler Farnsworth
1101 Harbor Dr. Suite 10A
West Columbia, SC 29169

(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.)

Derek Giordano

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)