

W6 000005914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

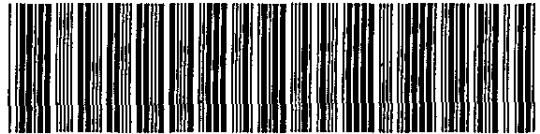
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TALLAHASSEE, FLORIDA

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W6-5914
QR

1-1-06



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 28, 2005

CESAR VERGARA
5185 LOMAVISTA CIRC., SUITE 103
OVIEDO, FL 32765

SUBJECT: SYSTECO PEST CONTROL, INC. L.L.C.
Ref. Number: W05000056699

We have received your document for SYSTECO PEST CONTROL, INC. L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "INC.." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 605A00073770

SECRETARY OF STATE
TALLAHASSEE, FL 32314
2006 JAN 10 PM 1:18

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SYSTECO PEST CONTROL, INC. 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:

CESAR A. VERGARA

(Name of Person)

SYSTECO PEST CONTROL, INC. L.L.C.

(Firm/Company)

5185 Lomavista Circ., Suite 103

(Address)

OVIEDO, FL 32765

(City/State and Zip Code)

For further information concerning this matter, please call:

Cesar A. Vergara

(Name of Person)

at (407-832-9124)

(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)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

266 JUN 10 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FL 32301

FILED

SYSTECO PEST CONTROL, L.L.C.
5185 LOMA VISTA CIRC., SEIT 103
OVIEDO, FL 32765

January 10, 2005

Tammi Cline
State Of Florida
Division of Corporations
Registration Section

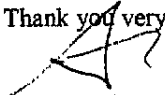
Ref: Document No. W05000056699 – Letter # 605A00073770

Dear Sirs,

As requested in your attached letter Article I –Name: is corrected to read SYSTECO PEST CONTROL, L.L.C, and corrections are initialized. Also I am including “Articles of Amendment....” duly signed, just in case you consider this necessary. No Filing Fee of \$25.00 is included since you have not requested it in your letter.

Your letter, documents returned and the amendment are attached to this letter.

Thank you very much,


Cesar A. Vergara
President

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SYSTECO PEST CONTROL, L.L.C.

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

SYSTECO PEST CONTROL, L.L.C.
5185 Lomavista Circ., Suite 103
OVIEDO, FL 32765

Mailing Address:

SYSTECO PEST CONTROL, L.L.C.
5185 Lomavista Circ., Suite 103
OVIEDO, FL 32765

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Cesar A. Vergara

Name

5185 Lomavista Circ., Suite 103

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

OVIEDO, FL 32765

FL

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

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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"

CESAR A. VERGARA

5185 Lomavista Circ., Suite 103

OVIEDO, FL 32765

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1st 2006 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

CESAR A. VERGARA

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)

2006 JAN 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA