

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress) .	
(Cit	ty/State/Zip/Phone#)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
	_	
	•	
!		.
		/\'\
	Office Use Only	y I / C



02/28/07--01016--016 **130.00

COVER LETTER

Division of Corporations
SUBJECT: Pest Control Suppliers
(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:
Scott M. Winans
· (Name of Person)
Pest Control Suppliers
(Firm/Company)
10010 NW 60th Court
(Address)
Parkland, FL 33076
(City/State and Zip Code)
For further information concerning this matter, please call:
Scott M. Winans at 954 818-0144
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee Status Stat
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

07 FEB 28 AM 10: 52

HLEU

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Tha nama af t	ha Limitad Liability Compan	in:	
ine name of u	he Limited Liability Company	y is.	
١,			
Pest Control S	Suppliers, LLC		
Must end with the	words "Limited Liability Company, "I	Limited Company" or their abbreviation "LLC	C," or "L.C.,")
ARTICLE II	- Address:		
The mailing a	ddress and street address of th	ne principal office of the Limited L	iability Company
Principal Off	fice Address:	Mailing Address:	
10010 NW 60th (Court	10010 NW 60th Court	
Parkland, FL 330	076	Parkland, FL 33076	· · · · · · · · · · · · · · · · · · ·
ADTICLE	I Decistand Appet Decist	Office of Production of Assert	2- Si
The Limited Liab	I - Registered Agent, Regist ility Company cannot serve as its own l ith an active Florida registration.)	ered Office, & Registered Agent Registered Agent. You must designate an indi	ividual or another A
The Limited Liabi business entity wi	ility Company cannot serve as its own l	Registered Agent. You must designate an indi	ividual or an <u>offic</u> ri .
The Limited Liabi business entity wi	ility Company cannot serve as its own l ith an active Florida registration.)	Registered Agent. You must designate an indi	ividual or another CRETARY
The Limited Liabi business entity wi	ility Company cannot serve as its own lith an active Florida registration.) the Florida street address of the Scott M. Winans	Registered Agent. You must designate an indi	ividual or another CRETARY
The Limited Liabi business entity wi	ility Company cannot serve as its own lith an active Florida registration.) the Florida street address of the Scott M. Winans	Registered Agent. You must designate an indi	ividual or anothern AHAST
The Limited Liabi business entity wi	ility Company cannot serve as its own lith an active Florida registration.) I the Florida street address of a Scott M. Winans N 10010 NW 60th Court	Registered Agent. You must designate an indi	ividual or another CRETARY
The Limited Liabi business entity wi	ility Company cannot serve as its own lith an active Florida registration.) I the Florida street address of a Scott M. Winans N 10010 NW 60th Court	Registered Agent. You must designate an indi	ividual or another CRETARY

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

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

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

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGRM	Scott M. Winans	
	10010 NW 60th Court	
	Parkland, FL 33076	
MGRM	Bernie Howell, SR.	
	4801 Polk Street	
	Hollywood, FL 33021	
	,	SECRETARY TALLAHASSE
(Use attachment if necessary)		OF STA
CLE V: Effective date, if other than the confective date is listed, the date must be days after the date of filing.)	date of filing: March 1, 2007 specific and cannot be more than five b	(OPTONAL) ousiness days p

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.)

Scott M. Winans

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)