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UIVISION OF CORPORATIONS



## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	CT: AUGER TELMITE AND PEST CONTROL LLC (Name of Limited Liability Company)	
The enc	closed Articles of Organization and fee(s) are submitted for filing.	
Please r	return all correspondence concerning this matter to the following:	
	DE33iE J AUGER (Name of Person)	
-	(Name of Person)  Auger Terui, Te And Pest Control LLC (Firm/Company)	DIVISION OF CO
_		
-	(Address)	PN L
_	921 TURNBUCKIE TR (Address)  PENSA COLA 17 32507 (City/State and Zip Code)	4: 16
_	(City/State and Zip Code)	
	her information concerning this matter, please call:	
1 H	(Name of Person) at (\$\forall \text{SO} \) \( \forall \text{50} \) \( \forall \text{72} - 0977 \) \( \text{(Area Code & Daytime Telephone Number)} \)	
Enclose	ed is a check for the following amount:	
<b>□\$</b> 125.0	Of Filing Fee \$\bigs\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$	Status & y
	Mailing Address Registration Section Division of Corporations P.O. Box 6327  Street/Courier Address Registration Section Division of Corporations Division of Corporations Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	OT JUL
Augel Termite And Pest Control LLC.  (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	FILED STATE
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Co	0 =
Principal Office Address: Mailing Address:	
921 TURNBUCKIE TR PENSA COLA FI 32507 PENSA COLA FI 32507	<b>-</b> 
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatu (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or anot business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	EPFECTIVE,DATE
	07/10/07
Name	
DEBBIE J Auger Name 921 Turn Buckle TR	
Florida atmest address (B.O. Doy NOT assessable)	
TENSA Co 4 FL 32507  City, State, and Zip	
City, State, and Zip	
Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the provistatutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 60.	ment as sions of all with and

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	DEBBIE J AUGER  921 TOLNBURGE TE 0 20
	921 TULNBURKE TE PENSACOLO 17 31507
MGR	THOMAS JAUSEL ST
·	921 TULNBUKK TR 0 E PENSHCOLA FI 32507 2 E.
	<u> </u>
	<u> </u>
(Use attachment if necessary)	
	e date of filing: $\frac{7/10/0.7}{}$ . (OPTIONAL)
an effective date is listed, the date must be or 90 days after the date of filing.)	e specific and cannot be more than five business days prio
, G	
<b>REQUIRED</b> SIGNATURE:	,
4	le Thes
Signature of a member	er or an authorized representative of a member.
(In accordance with se of this document const that the facts stated !	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
Trom A	· 1
	\ (KLGe/)

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)