L08000076201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Effective Date 08/01/08

07/25/08--01017--002 **155.00

W08-35414

J. BRYAN JUL 28 2008

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DIVISION OF CORPORATIONS
08 AUG -8 AM 8:42

J. BRYAN

AUG 11 2008

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Bill Wilson's Pest Solutions, 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:

William F. Wilson & Betty L. Wilson
(Name of Person)

Bill Wilson's Pest Solutions, LLC.
(Firm/Company)

10641 Wood Ibis Ave.
(Address)

Bonita Springs, Fl. 34135
(City/State and Zip Code)

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For further information concerning this matter, please call:

Bill Wilson's Pest Solutions, LLC. at (239-992-3643) 239-273-2897
(Name of Person) (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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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July 28, 2008

WILLIAM F. WILSON & BETTY L. WILSON
BILL WILSON'S PEST SOLUTIONS, LLC
10641 WOOD IBIS AVE.
BONITA SPRINGS, FL 34135

SUBJECT: BILL WILSON'S PEST SOLUTIONS, LLC
Ref. Number: W08000035416

We have received your document for BILL WILSON'S PEST SOLUTIONS, LLC and your check(s) totaling $155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We didn't get the first page of the Articles,

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 208A00043395

Attention
Joey Bonnell

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DIVISION OF CORPORATIONS
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Bill Wilson's Pest Solutions, LLC.
(Must end with the words "Limited Liability Company, "L.L.C.," or "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:**
10641 Wood Ibis ave Bonita Springs FL 34135	Same

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: **Effective Date** 08/01/08

William Franklin Wilson
Name

10641 Wood Ibis ave
Florida street address (P.O. Box **NOT** acceptable)

Bonita Springs FL 34135
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..

Wm F Wilson
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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	
MGR	William F. Wilson 10641 Wood Ibis Ave. Bonita Springs , Fl. 34135
MGRM	Betty L Wilson 10641 Wood Ibis Ave. Bonita Springs , Fl. 34135

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Aug, 1st 2008 . (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:

Wm F Wilson

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.)

William F. Wilson

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)