

108000081212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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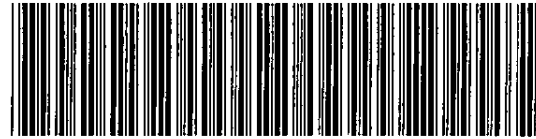
(Business Entity Name)

(Document Number)

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FILED
08 AUG 29 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS
SEP - 2 2008
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PATRIOT PEST MANAGEMENT ON NORTHWEST FL LLC.
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DARRYL BYRD
(Name of Person)

(Firm/Company)

5609 WHISPERING WOODS DR
(Address)

PACE, FL 32571
(City/State and Zip Code)

For further information concerning this matter, please call:

DARRYL BYRD at (850) 686-9431
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E062 (08/05)

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08 AUG 29 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:

PATRIOT PEST MANAGEMENT ON NORTHWEST FL LLC,

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

THE INCORRECT STATEMENT IS IN THE NAME: THE WORD

"ON" IN PATRIOT PEST MANAGEMENT (ON) NORTHWEST FL LLC

I APPARENTLY MIS-TYPED WHILE FILING; IT SHOULD BE

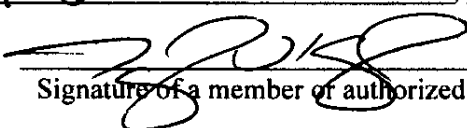
PATRIOT PEST MANAGEMENT OF NORTHWEST FL LLC

OR



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: 8/26, 2008.



Signature of a member or authorized representative of a member

DARRYL W BYRD

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

FILED
08 AUG 29 PM 12:45
SECRETARY OF STATE
FLORIDA

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L08000081212
FILED 8:00 AM
August 26, 2008
Sec. Of State
mthomas

Article I

The name of the Limited Liability Company is:

PATRIOT PEST MANAGEMENT ON NORTHWEST FL LLC

Article II

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

5609 WHISPERING WOODS DR
PACE, FL. US 32571

The mailing address of the Limited Liability Company is:

5609 WHISPERING WOODS DR
PACE, FL. US 32571

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

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

DARRYL W BYRD
5609 WHISPERING WOODS DR
PACE, FL. 32571

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.

Registered Agent Signature: DARRYL W BYRD

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08 AUG 29 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article.V

The name and address of managing members/managers are:

Title: MGR
BYRD W DARRYL
5609 WHISPERING WOODS DR
PACE, FL. 32571 US

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FILED 8:00 AM
August 26, 2008
Sec. Of State
mthomas

Signature of member or an authorized representative of a member

Signature: DARRYL W BYRD

FILED

08 AUG 29 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA