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To:

Division of Corporations

Fax Number

: (850)617-6383

from:

: LAZARUS CORPORATE FILING SERVICE. Account Name

Account Number : 120000000019 (305) 552-5973 Phone

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W

FLORIDA LIMITED LIABILITY CO. UNITED PEST CONTROL AND FUMIGATION LLC

Certificate of Status

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EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
United Pest Control And Funigation LC. (Must end with the words "Limited Liability Company," L.L.C.," or "I.L.C.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
7351 NW 754. Unit V Midmi F1. 33/26 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another thusiness entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Name	
7351 NW 7 St. Un. 4 V Florida street address (P.O. Box NOT acceptable)	
Miami FL 33/26 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 duttes, 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)
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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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Raul J. Fehevoria 7351 NW 7 St. Unit V Miami, Fl. 33176
,	
	2010 MAR 30 SECRETARY TALLAHASS
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	SELOS AM SP
ICLE V: Effective date, if other than the n effective date is listed, the date must b 90 days after the date of filing.)	20-11-02

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.)

Echevarria 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)

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