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IMPACT PEST SOLUTIONS, LLC

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EXAMINER

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ARTICLES OF ORGANIZATION

FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name of Limited Liability Company: IMPACT PEST SOLUTIONS, LLC

ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

Address: 1509 SHIRLEY COURT

City, State & Zip: LAKE WORTH, FL 33461

ARTICLE III – Registered Agents Name, Office Address, & Registered Agents Signature:

MICHAEL MACALUSO
Name

1509 SHIRLEY COURT
Address (P.O. Box NOT Acceptable)

LAKE WORTH, FL 33461
City, State, 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.

Registered Agent's Signature: [signature] Date: 9/20/2011

☑ Article IV - Management (Check box if applicable)
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. Specify name & address(es).

1. MICHAEL MACALUSO - 1509 SHIRLEY COURT, LAKE WORTH, FL 33461
2. CHRISTIAN MACALUSO - 1509 SHIRLEY COURT, LAKE WORTH, FL 33461
3.

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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.

[signature]

Typed or printed name of signee

MICHAEL MACALUSO

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