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SECRETARY OF STATE

J. BRYAN

JUL -5 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Poison Try Control of Florida Ll Name of Kimited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dale David Atkins Name of Person
Poison Try Control of Florida LLC
2320 Terra Ceia Bay Blvd #411
Palmetto, Fl 34221 FE T
City/State and Zip Code bad I vy au Q QoL . Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Dale A+ KinS at (248) 613-7753 First Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address Registration Section Street/Courier Address Registration Section

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

Registration Section
Division of Corporations
Clifton Building
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:

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
2300 Terra Ceia Bay Blu	d 3320 Terra Ceia Bay Blvd #411
Palmetto FI	Palmetto, F1 3
34221	34221

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:

Dale David Atkins

Name

2320 Terra Ceia Bay Blvd # 411

Florida street address (P.O. Box NOT acceptable)

Palmetto FL 34221

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Dale Atkins IMGR"	Dale Atkins 2320 Terra Ceia Bey BLVd ± Paimetto, FI 34221
	2012 JUL -2 PM SECRETARY S
	2 PH 3: 58 SEEL FLORID
(Use attachment if necessary)	
	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior
days after the date of filing.)	
· · · · · · · · · · · · · · · · · · ·	
days after the date of filing.) REQUIRED SIGNATURE:	ember or an authorized representative of a member.

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)