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Account Name : HUBCO
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FLORIDA LIMITED LIABILITY CO.
Family Pest Control LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NameThe name of the Limited Liability Company is: **Family Pest Control LLC****ARTICLE II - Address**

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

Principal Office Address:57 4th StreetShalimar, FL 32579**Mailing Address:**57 4th StreetShalimar, FL 32579

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ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

David B. Clark

Name

57 4th Street(P.O. Box or Mail Drop Box **NOT** Acceptable)Shalimar, FL 32579

(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 - David B. Clark**

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