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(Requestor's Name)
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SECRETARY OF STATE

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(850) 245-6051.

COVER LETTER

	gistration S vision of Co	Section orporations		
CHD HECT.		minator LLC		
SUBJECT:	·	Name of Limite	ed Liability Company	
The enclose	d Articles o	f Organization and fee(s) are s	submitted for filing.	
Please return	n all corresp	ondence concerning this matte	er to the following:	
Jef	rey Canr	nici		
			Name of Person	
			Firm/Company	
115	Danielle	e Court	· ma company	
		<u></u>	Address	
We	ston, Flo	rida 33326		
			y/State and Zip Code	
	AL	7 BABBADOG (A) AOL. COm or future annual report notification)	
For further i	nformation	concerning this matter, please		
Jeffrey C	annici		954 2/1	2442
	Name	of Person	at (454) 261 Area Code & Daytime Teleph	ione Number
Enclosed is	s a check for	or the following amount:		
⊠\$125.00 F	iling Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci	rcle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compa	ny is:	
Flexterminator LLC		
(Must end with the words "Limite	d Liability Company, "L:L:C:;" or "LLC	(")
ARTICLE II - Address: The mailing address and street address of	the principal office of the Lim	ited Liability Company is:
Principal Office Address:	Mailing Address:	
115 Danielle Court Weston, Florida 33326	115 Danielle Court Weston, Florida 333	926
The name and the Florida street address of Jeffrey Cannici		
	Name	
115 Danielle Court	reet address (P.O. Box NOT accepta	No.
Weston, Florida 333	· ——	ole)
C	City, State, and Zip	,
Having been named as registered agent as liability company at the place designate registered agent and agree to act in this dall statutes relating to the proper and coand accept the obligations of my position	ed in this certificate, I hereby a capacity. I further agree to con implete performance of my duti o as registered agent as provide	ccept the appointment as nply with the provisions of es, and I am familiar with
Registered Acousts	Signature (REQUIRED)	≥ s →

(CONTINUED)

Page 1 of 2

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SALLAHASSIE FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Jeffrey Cannici 115 Danielle Court Weston, Florida 33326
	
Use attachment if necessary)	
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.)	ne date of filing: (OPTION.st be specific and cannot be more than five busine
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.)	ne date of filing: (OPTION. st be specific and cannot be more than five busine
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE:	ne date of filing: (OPTION. st be specific and cannot be more than five busine deror an authorized representative of a member.
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member o	st be specific and cannot be more than five busing
or 90 days after the date of filing.) REOUIRED SIGNATURE: Signature of a member of a mem	per or an authorized representative of a member. 28 108(3), Florida Statutes, the execution of this document cert the penalties of perjury that the facts stated herein are true.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)