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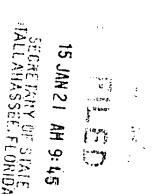
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J. SHANGIR FEB 0 2 2015

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT:	Mosquito Co	NTroffic,"	
The enclosed Articles	s of Organization and fee(s) as	re submitted for filing.	
Please return all corre	espondence concerning this m	natter to the following:	
He	elder De Olive	eira	
		Name of Person	
		Firm/Company	
27	176 BOCA R	RANCHO Dr. UN	it b
- 		Address	
\mathcal{B}	OCA RATON	PANCHO Dr. UN Address FL 33428 City/State and Zip Code	
	C	City/State and Zip Code	
	E-mail address: (to be use	d for future annual report notifica	tion)
For further information	on concerning this matter, plea	ase call:	
Helder D	e Oliveira at (704 345 200 Area Code Daytime Tel	27
	or the following amount:	Area Code Daytime Tel	epitore rumber
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Ma</u>	iling Address	Street/Courier Adda	<u>'ess</u>

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

The name of the Limited Liability Company is:	
Mosquito Control "IC" (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
BOCA RATON FL 33428 BOCA RATON FL 33428 BOCA RATON FL 33428	
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:	
Helder De Oliveira Name 22176 BOCA RANCHODR. UNIT b	
Name	
22176 BOCA RAWCHODO. UNIT b	
Florida street address (P.O. Box NOT acceptable)	
BOCA 124TON FL 33428 City Zip	
City Zip	
Having been named as registered agent and to accept service of process for the above stated limited liability company 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 605, F.S	
All Astronomy Exp. 1	
Registered Agent's Signature (REQUIRED)	
Registered Agent's Signature (REQUIRED)	j
(CONTINUED)	外的
Page 1 of 2	Ĕ !

<u>Title:</u> "AMBR" = Authorized Memb	Name and Address: er	
"MGR" = Manager	Helder De Oliveira	
······································	Helder De Oliveira 22176 BOCA RAWCHO Dr. UN B. BOCA RATUM 33428	1
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