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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	ECT: Flatline Termite and Pest Control LLC  Name of Limited Liability Company
The	
	closed Articles of Organization and fee(s) are submitted for filing. return all correspondence concerning this matter to the following:
	David Evans  Name of Person
	Name of Person
	Firm/Company
	6047 Lakę Lizzie Dr. Address
	Saint Cloud, Fl. 34771  City/State and Zip Code
.na	clh2o4me@aol.com E-mail address: (to be used for future annual report notification)
For furt	ther information concerning this matter, please call:
<u>David</u>	Evans at (407 ) 222-2205  Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
] <b>\$</b> 125.00	O Filing Fee \$\bigcup \text{\$\subset\$130.00 Filing Fee & Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$ 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 Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Flatline Termite and Pest Control LLC (Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principa	l office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
6047 Lake Lizzie dr. Saint Cloud, Fl. 34771	6047 Lake Lizzie Dr. Saint Cloud, Fl. 43771		
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own another business entity with an active Florida registra).  The name and the Florida street address of the registered paying Evans.	wn Registered Agent. You must designate an intion.) red agent are:	ndividual or 15 APR	SECRE
Nat	me	2-7	977
			o ~ 'n
6047 Lake Lizzie Dr. Florida street address (P.O. B	Box NOT acceptable)	P	- 콘크() - 유.o
	Box <u>NOT</u> acceptable)  FL 34771  Zip	PH 4: 52	

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
MGR	David Evans 6047 Lake Lizzie dr.		
<del></del>			
an effective date is listed, the date must be s	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after		
e date of filing.)			
TICLE VI: Other provisions, if any.			
<del> </del>			
	Own		
(In accordance with section ( constitutes an affirmation un I am aware that any false info	nember or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.  The permation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)		
David Evans			

Typed or printed name of signee

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 (Oct.)

\$ 5.00 Certificate of Status (Optional)

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