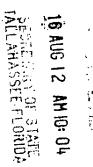
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(Red	questor's Name)	
(Add	dress)	
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COVER LETTER

	egistration Section vision of Corporations		
SUBJECT	HOME DEFENSE PEST MANAG	EMENT & IRRIGATION LLC	
SUBJECT	·	imited Liability Company	
The enclos	ed Articles of Organization and fee(s)	are submitted for filing.	
Please retu	rn all correspondence concerning this r	matter to the following:	
	MICHAEL TITUS		
		Name of Person	
	HOME DEFENSE PEST MANAGE	MENT & IRRIGATION LLC	
		Firm/Company	
	1280 11TH STREET SW		
		Address	
	NAPLES, FL 34117		
	BASSMIKE44@AOL.COM	City/State and Zip Code	
-		ed for future annual report notificat	ion)
For further is	nformation concerning this matter, plea	ase call:	
		352 817-0096	
	Name of Person	Area Code Daytime Telephor	ne Number
Enclosed is	a check for the following amount:		
\$125.00 F	ling 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
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporat Clifton Building 2661 Executive Cent	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

	SE PEST MANAGMENT of the words "Limite		ON LLC mpany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre		•		
<u>Prir</u>	cipal Office Address:		Mailing Addre	<u>ess</u> :
1280 11TH STR	EET SW NAPLES, FL 34	117	1280 11TH STREET SW NAI	PLES, FL 341
another business entity with The name and the Florida str	•	·		16 AUG 12
	1280 11TH STREE	T SW		12 AM ID: 04 ASSEE-FLORIDA
	Florida street addre	ss (P.O. Box]	NOT acceptable)	FIG.
	NAPLES	FL	34117	2007
	City	State	Zip	7
place designated in this certific further agree to comply with th	cate, I hereby accept the app ne provisions of all statutes to e obligations of my position	pointment as relating to the as registered	for the above stated limited liabilegistered agent and agree to act in proper and complete performance agent as provided for in Chapter	n this capacity. I e of my duties, and I
		(CONTIN	UED)	

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized M	Name and Address: hber	
"MGR" = Manager MGR	MICHAEL TITUS	
		
		
		
effective date is listed, the d	than the date of filing: (OPTIONAl e must be specific and cannot be more than five business days prior t	L) to or 90 days
CLE V: Effective date, if oth effective date is listed, the date of filing.) If the date inserted in this b	than the date of filing: (OPTIONAL	to or 90 days
CLE V: Effective date, if oth effective date is listed, the date of filing.) If the date inserted in this b	than the date of filing: (OPTIONAL must be specific and cannot be more than five business days prior took does not meet the applicable statutory filing requirements, this date Department of State's records.	to or 90 days
CLE V: Effective date, if oth effective date is listed, the date of filing.) If the date inserted in this becument's effective date on the	than the date of filing: (OPTIONAL must be specific and cannot be more than five business days prior took does not meet the applicable statutory filing requirements, this date Department of State's records.	to or 90 days
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ARTICLE IV-

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