

L210000 78379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

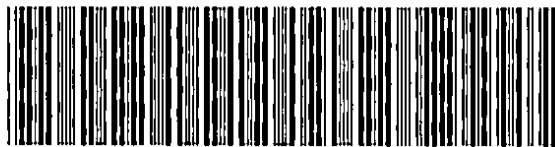
(Business Entity Name)

(Document Number)

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02/23/21--01003--005 **125.00

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: NIXIT TERMITE & PEST CONTROL, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADRIAN MIDDLETON

Name of Person

SELF

Firm/Company

1437 MARKET STREET

Address

TALLAHASSEE, FLORIDA 32312

City/State and Zip Code

ADRIAN@NIXBUGS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

850 728 2465

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NIXIT TERMITE & PEST CONTROL, LLC

(Must contain 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:

200 HALL LANE
QUINCY FL 32351

Mailing Address:

1437 MARKET STREET
TALLAHASSEE, FLORIDA 32312

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:

ADRIAN MIDDLETON, ESQ.

Name

1437 MARKET STREET

Florida street address (P.O. Box **NOT** acceptable)

TALLAHASSEE FLORIDA 32312

City

State

Zip

*ing been named as registered agent and to accept service of process for the above stated limited liability company at the
re designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I
her agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I
amiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 FEB 23 11:10:41

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

ADRIAN MIDDLETON
2630 NOBLE DR.
TALLAHASSEE, FLORIDA 32308

MGR

PATSY CORINNE MIXON
2630 NOBLE DR.
TALLAHASSEE, FLORIDA 32308

MGR

MURRAY JUAN MIXON
2630 NOBLE DR.
TALLAHASSEE, FLORIDA 32308

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/19/2021. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

ANY AND LAWFUL BUSINESS

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

ADRIAN MIDDLETON

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 (Optional)