L22000028161

	(Requestor's Name)	
	,	
	(Address)	
	(Address)	
	75-11	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	7/8	
	(Business Entity Name)	
	(Document Number)	·
	,	
Certified Copies	Certificates of S	tatus
Special Instructions to	Filing Officer:	
W22001	006698	

Office Use Only



600380065936

SECCUTANCE, TALLAHASSER

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

Phone: 850-558-1500	
ACCOUNT NO. :	I2000000195
REFERENCE :	424263 4310149
AUTHORIZATION :	Spelle Eleman
COST LIMIT :	\$ 150-00
ORDER DATE : January 20, 2022	
ORDER TIME : 2:17 PM	
ORDER NO. : 424263-005	
CUSTOMER NO: 4310149	
DOMESTIC AMENDM DOMESTIC AMENDM NAME: JFC PEST MANAGEMEN	
EFFECTIVE DATE:	
XX ARTICLES OF CONVERSION AND ORGEN RESTATED ARTICLES OF INCORPORA	GANIZATION ATION
PLEASE RETURN THE FOLLOWING AS PROOF	F OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	<u>G</u>
CONTACT PERSON: Alexxis Weiland	EXT#

EXAMINER'S INITIALS:

COVER LETTER

TO: New Filing S Division of C				
SUBJECT: JFC Pes	t Management, LLC			
	(Name of Re	sulting Florida Lim	ited Cor	mpany)
				nd fees are submitted to convert an "Other accordance with s. 605.1045, F.S.
Please return all corre	espondence concernin	g this matter to:		
Paul Drewry				
	(Contact Person)		_	
JFC Pest Managemen	t, LLC			
	(Firm/Company)		_	
8400 Baymeadows Wa	ay, Suite 12			
	(Address)		_	
Jacksonville, FL 32256	5			
	City, State and Zip Code)		-	
pdrewry@turnerpest.c	•			
	e used for future annual re	port notifications)	_	
		•		
For further information	on concerning this ma	tter, please call:		
Paul Drewry		at (888) ⁴⁷³⁻	9194
(Name of Conta	ct Person)) (Day	ytime Telephone Number)
	or the following amou a bank located in the		oroces:	sed by this office must be payable in US
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Addı	ess:		Stree	t Address:
New Filing So	ection		New	Filing Section
Division of Co	•			ion of Corporations
P.O. Box 632	/		The C	Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: JFC Pest Management, Inc.
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a corporation Pos 0000 43754 (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of (Enter state, or if a non-U.S. entity, the name of the country)
03/11/2005 on
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: JFC Pest Management, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.) 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.
5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.



Signed this 15th day of January	20 22
Signature of Authorized Representative of Lim	ited/Liability Company:
Signature of Authorized Representative: Printed Name: Brian Alexson	Title Manager
Signature(s) on behalf of Other Brairess Entity:	
Signature: Printed Name: Troy 55her	Tilk: VP of Finance /CFO
Simplim	
Signature:	Title
	7 100
Signature: Printed Name:	
Printed Name:	Title:
Classitum	
Signature:Printed Name:	Tule
Timed Halle.	
Signature:	
Signature: Printed Name:	Title:
Signature:Printed Name:	
Printed Name:	Fille:
If Florida Corporation; Signature of Chairman, Vice Chairman, Director, o If Directors or Officers have not been selected, an I	r Officer. ncorporator must sign.
If Florida General Partnership or Limited Liabi Signature of one General Partner.	lity Partnership:
If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners	lity Limited Partnership:
All others: Signature of an authorized person.	
Eccs:	
Auto co	\$25.00
Articles of Conversion: Fees for Florida Articles of Organization:	\$25.00 \$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

AND THE STATE OF T

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	HONTORIE	KIDA LIMITED LIA	ABILITY COMPANY
ARTICLE I - Name:			
The name of the Limited Liabilit	ty Company is:		
JFC Pest Management, LLC			
(Must contain the wor	ds "Limited Liability C	ompany "L.L.C" or "LLC.")	
ARTICLE II - Address:			
	ddraes of the min	oimal affice a fall of the	
The mailing address and street ac	autess of the print	cipal office of the Limit	ed Liability Company is:
Principal Office Address:	ļ	Mailing Address:	
501 E. Lemon St.		8400 Baymeadows Way,	Suite 12
Tarpon Springs, FL 34689		Jacksonville, FL 32256	Odito 12
	 -		
ARTICLE III - Registered Age (The Limited Liability Company cannot ser- business entity with an active Florida regis The name and the Florida street a	ration.)	d Agent. You must designate an	ent's Signature: Cindividual or another
Troy Fisher		C	
	Name		
	dows Way, Suite 12		
Florida stree	t address (P.O. Be	ox NOT acceptable)	
Jacksonville		FL ³²²⁵⁶	
	City	Zip	
Having been named as registere liability company at the place registered agent and agree to ac statutes relating to the proper accept the obligations of my	e designated in thi It in this capacity, and complete perf	s certificate, I hereby ac I further agree to comp formance of my duties, a	cept the appointment as ly with the provisions of all nd Lam familiar with and
_ 1	11		
Registered	Agent's Signatu	re (REQUIRED)	4
·			نام الله الله الله الله الله الله الله ال
	(CONTINUE	D)	FILL JAN 20
			PH 3: 19

Fitle:	Name and Address:
'AMBR" = Authorized Member	Matthe and Mudicial
'MGR" = Manager	
MGR	Brian Alexson
	c/o Anticimex Inc.
	400 Connell Dr. Berkeley Heights, NJ, 07922
_ <u></u>	_
	
.E V: Other provisions, if any.	
REQUIRED SIGNATURE	· .
Signature of a member or a This document is executed in accordance any false information submitted in a document provided for in s.817.155, F.S. Brian Alexson	an authorized representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware ment to the Department of State constitutes a third degree feet or printed name of signee