06/14/2022 17:06 3052201440 LAZARUS CORPORATE PAGE 01/03

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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

FLORIDA LIMITED LIABILITY CO. HABITAT PEST CONTROL LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APTICIPY	
ARTICLE I - Name:	
The name of the Limited Liability Company is:	•
mainty Company is:	
Hobitat Dack ()	
Hobitat Pest Control LLC	
ARTICLE II - Address:	
The modified Address:	***
The mailing address and street address of the principal office of the Company is:	
company is:	e Limited Liabilies
10748 N Kendall Dr. Apt Ng, Miami, FL	
TO TO PENCAL Dr. AD NO MAM EL	00/01
The state of the s	. 33176
ARTICLE III - Registered Agent, Registered Office:	
The name and the Florida street, Registered Office:	
Company cannot serve as in own Personnel address of the registered agent are	* #T
The name and the Florida street address of the registered agent are Company cannot serve as its own Registered Agent. You must designate an individual or another builth an active Florida registration.)	• (The Limited Liability
	usuiess entity
<u>Sebastion</u> Seara	
Se oustion Sealor	
-10748 N Kentall DC XI in	
10748 N Kerdall Dr. Apt N9, Miani, Fl	1 33124
	201710
	
ARTICLE IV	<u> </u>
The name and title of each person authorized to manage and control Liability Company: (MGR or AMBR)	登 登
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Liability Company: (MGR or AMBR)	THE THINGS SEE TO LE
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SCASTIALL COM AMOIN	16.53 23
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Alain Seara - MGPA	35 1E



In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Typed or printed name of signee

Having been named as registered agent and to accept service of process for the above stated limited liability company at 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..

Registered Agent's Signature (REQUIRED)

RY OF STATE SEE, FLORIDA