

L95000000339

FILED

95 APR 27 PM 12: 47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Robert J Rost
3803 100TH Street West
Bradenton Fl 34210
813-794-8066

Date: 4-25-95

300001467893
-04/28/95--01024--010
*****250.00 *****250.00

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee Fl 32314

300001467893
-04/28/95--01024--011
*****35.00 *****35.00

300001467893
-04/28/95--01024--012
*****52.50 *****52.50

To Whom It May Concern:

Enclosed, please find all necessary forms and filing fee that are required by the State of Florida to register for a Limited Liability Company.

If there are any questions, I may be reached at the above telephone number after 6:00 P.M. or by leaving a message on the answering machine at anytime.

MAY 3 1995 BSB

Respectfully,

Robert J Rost

Robert J Rost

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

05 APR 27 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Econo Plus Pest Services, L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

3803 100th Street West
Bradenton FL 34210

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

25 years

ARTICLE IV - Management:

(check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

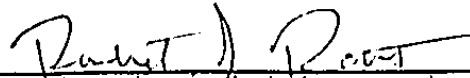
Robert J Rost
3803 100TH Street West
Bradenton FL 34210

Marie J Rost
3803 100TH Street West
Bradenton FL 34210

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____
Econo Plus Pest Services, L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 5,000.00 .
- 3) if any, the agreed value of property other than cash contributed by member(s) is
\$ -0- . A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is
\$ 5,000.00 . This total includes amounts from 2 and 3 above.



Signature of a member or authorized representative of a member. Robert J Rost
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____

Econo Plus Pest Services, L.C.

2. The name and address of the registered agent and office is:

Robert J Rost

(Name)

3803 100TH Street West

(P.O. Box not acceptable)

Bradenton FL 34210

(City/State/Zip)

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.

Robert J Rost

(Signature)

4-25-95

(Date)


FILING FEE: \$ 35 for Designation of Registered Agent

FILE NOW: Fee after May 1, will be \$263.75

APPROVED
AND
FILED

95 APR 24 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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FILING FEE	Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee
\$ 238.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company DOCUMENT #L95000000339 ECONO PLUS PEST SERVICES, L.C. 3803 100TH ST W BRADENTON FL 34210

1a. Principal Place of Business Address 3803 100TH ST W BRADENTON FL 34210
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If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/27/1995	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Zip		65-0584092	
Country		Country		5. Date of Last Report	6. Certificate of Status Desired
					<input type="checkbox"/> Is Additional Fee Required

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
ROST, ROBERT J 3803 100TH ST W BRADENTON FL 34210		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	

9. Pursuant to the provisions of Sections 608.410 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____	DATE _____
<small>(Registered Agent Accepting Appointment) (A 31E Registered Agent signature required when terminating)</small>	

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	ROST, ROBERT J	3803 100TH ST W	BRADENTON FL
MGRM	ROST, MARIE J	3803 100TH ST W	BRADENTON FL
6000001805400 -05/02/96--01033--001 ***238.75 ***238.75			

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: <u>Robert J. Rost</u> ROBERT J. ROST <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, MANAGER, MEMBER OR MEMBER IN</small>	Date: <u>4-20-96</u> <small>Daytime Phone:</small> <u>941-755-5455</u>
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