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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Empire Pest Def (Name of Limit	ense, LC
(Name of Limi	ted Liability Company)
	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited
Please return all correspondence concerning this m	atter to the following:
Brent Petr	erson Bo 8
(Na	me of Person)
Empire Pest De	me of Person) Sense, LLC m/Company) Rense, LLC TORRES TOR
(Fin	m/Company)
415 Waterway Vil	lage Cd.
•	(Address)
Greenacres, FL (City/Sta	tte and Zip Code)
For further information concerning this matter, plea	ase call:
Brent Reterson (Name of Person)	at (Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations P.O. Box 6327	Division of Corporations
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Bigsim \mathbb{\text{\$125.00 Filing Fee}} \Bigsim \mathbb{\text{\$130.00 Filing Fee}} \& \text{Certificate of } \\ \$\text{\$125.00 Filing Fee} \Bigsim \mathbb{\text{\$130.00 Filing Fee}} \& \text{\$130.00 Filing Fee} \& \text{\$130.00 Filing Fee} \\ \$\text{\$125.00 Filing Fee} \Bigsim \text{\$130.00 Filing Fee} \& \text{\$130.00 Filing Fee} \\ \$\text{\$130.00 Filing Fee} \Bigsim \text{\$130.00 Filing Fee} \\ \$\text{\$130.00 Filing Fee} \\ \$\$130.00 Filing	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 3. 20 -4411404 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 2/24/06 (Date of Organization) (Duration: Year limited liability company will cease exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 415 Waterway Village ct 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Brent Returgon 415 Waterway Villago Ct. Greenoures F1 roy Holland 415 Waterway Village Ct. 3 Green ower f 1 33413 10. Attached is an original certificate of existence, no more than 90 days old, duty authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

REGISTERED AGENT/REGISTERED OFFICE

CERTIFICATE OF DESIGNATION OF

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

1.	1. The name of the Limited Liability Company is:					
_	Empire	post	Defense	. LLC		

2. The name and the Florida street address of the registered agent and office are:

Brent Glade Preterson

HIS Watarway Village C/.
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Greenacues FL 33413
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 as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

State of Idaho

Office of the Secretary of State

OF EMPIRE PEST DEFENSE LLC

File Number W 47895

I, BEN YSURSA, Secretary of State of the State of Idaho, hereby certify that I am the custodian of the limited liability company records of this State.

I FURTHER CERTIFY That the records of this office show that the above-named limited liability company filed articles of organization in Idaho on 24 February 2006.

I FURTHER CERTIFY That the limited liability company's articles of organization have not been dissolved.

Dated: 25 April 2006

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Ben youra

By Sally