

M15000007180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

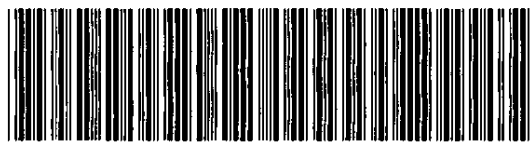
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Joel T. Lee \_\_\_\_\_ GAYE  
AUTHORIZATION BY PHONE TO  
CORRECT TITLE of the AP  
DATE 9/10/15  
DOC. EXAM Y.S.

Office Use Only



100275432881

09/08/15--01028--015 \*\*125.00

FILED  
15 SEP -8 PM 3:32  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

SEP 10 2015

Y SULKE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BUGPRO, LLC.

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

JOEL T. LEE

Name of Person

BUGPRO, LLC.

Firm/Company

9919 HWY 603 STE. A

Address

BAY SAINT LOUIS, MS 39520

City/State and Zip Code

contactbugpro@gmail.com

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

For further information concerning this matter, please call:

JOEL LEE

228

236-4776

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. BUGPRO, LLC.

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

BUGPRO PEST AND TERMITE CONTROL, LLC.

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. MISSISSIPPI

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-2141057

(FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6659 GOLF CLUB DRIVE

DIAMONDHEAD, MS 39525

(Street Address of Principal Office)

6. 9919 HWY 603 STE A

BAY SAINT LOUIS, MS 39520

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JOEL T. LEE

Office Address: 1720 W. FAIRFIELD DRIVE STE. L-3

PENSACOLA

(City)

, Florida 32502

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

JOEL T. LEE, OWNER, 6659 GOLF CLUB DRIVE, DIAMONDHEAD, MS 39525

ROSALIA LEE, 6659 GOLF CLUB DRIVE, DIAMONDHEAD, MS 39525

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

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.

JOEL T. LEE

Typed or printed name of signee



DELBERT HOSEMANN  
*Secretary of State*

**Office of the Secretary of State**  
Jackson, Mississippi

## Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

### **BUGPRO LLC**

Registered the 11th day of March, 2013

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

6659 Golf Club Drive  
Diamondhead, MS 39525

And that the registered agent at that address is:

Lee, Joel T

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office  
the 4th day of September, 2015

*C. Delbert Hosemann, Jr.*

C. DELBERT HOSEMANN, JR.  
*Secretary of State*

Certificate Number: CN15014401

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>