

M 200000011339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

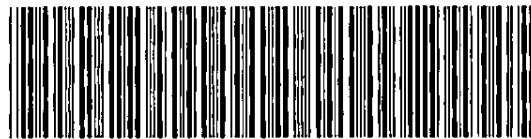
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

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45
12/10/20

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 533488 4311859

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE : December 1, 2020

ORDER TIME : 2:08 PM

ORDER NO. : 533488-145

CUSTOMER NO: 4311859

2020 DEC -3 PM 3:23

FOREIGN FILINGS

NAME: STRATEGIC PEST CONTROL OF
SOUTHWEST FLORIDA LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER: _____



RESUBMIT

Please give original
submission date as file date.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2020

CSC

SUBJECT: STRATEGIC PEST CONTROL OF SOUTHWEST FLORIDA LLC
Ref. Number: W20000137303

We have received your document for STRATEGIC PEST CONTROL OF SOUTHWEST FLORIDA LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 820A00024232

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2020 DEC -8 PM 2:08

DEPARTMENT OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Strategic Pest Control of Southwest Florida 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:

Karina Eframian

Name of Person

Torys LLP

Firm/Company

1114 Avenue of the Americas, 23rd Floor

Address

New York, NY 10036

City/State and Zip Code

keframian@torys.com

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

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RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Karina Eframian

212

880.6182

Name of Contact Person

at (_____) _____
Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. Strategic Pest Control of Southwest Florida LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Delaware 83-0502444
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. December 1, 2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 954 NE Pine Island Rd Unit I
(Street Address of Principal Office)
Cape Coral, FL 33909
6. 954 NE Pine Island Rd Unit I
(Mailing Address)
Cape Coral, FL 33909

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

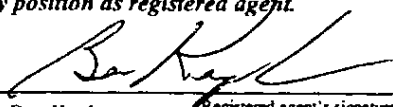
Name: Ben Kaplan

Office Address: 954 NE Pine Island Rd Unit I

Cape Coral 33909
(City) , Florida (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.


Name: Ben Kaplan (Registered agent's signature)
Title: Treasurer

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Ron Shakespeare
☐ Member Address: 954 NE Pine Island Rd Unit I
☐ Authorized Cape Coral, FL 33909
Person
☒ President ☐ Other

☒ Manager Name: Scott Sutton
☐ Member Address: 954 NE Pine Island Rd Unit I
☐ Authorized Cape Coral, FL 33909
Person
☒ Vice President ☐ Other

☒ Manager Name: Ben Kaplan
☐ Member Address: 954 NE Pine Island Rd Unit I
☐ Authorized Cape Coral, FL 33909
Person
☒ Treasurer ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: Mike Givlin
☐ Member Address: 954 NE Pine Island Rd Unit I
☐ Authorized Cape Coral, FL 33909
Person
☒ Vice President ☐ Other

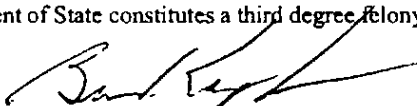
☐ Manager Name:
☐ Member Address:
☐ Authorized
Person
☐ Other ☐ Other

☐ Manager Name:
☐ Member Address:
☐ Authorized
Person
☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. 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.



Signature of an authorized person

Ben Kaplan, Treasurer

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STRATEGIC PEST CONTROL OF SOUTHWEST FLORIDA LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STRATEGIC PEST CONTROL OF SOUTHWEST FLORIDA LLC" WAS FORMED ON THE FIRST DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

2020 DEC -3 PM 3:33
JWB




Jeffrey W. Bullock, Secretary of State

4297887 8300

SR# 20208533592

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204204878

Date: 12-02-20