

W21000002121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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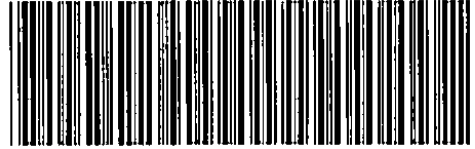
2/12/21

emailed cert

2/22/21
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COVER LETTER

**TO: Registration Section
Division of Corporations**

Fox Pest Control - Orlando, West, LLC

SUBJECT: _____ Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Brock Searle

Name of Person

Fox Pest Control

Firm/Company

1047 S 100 W ste 250

Address

Logan, Utah 84321

City/State and Zip Code

abbyv@fox-pest.com

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

For further information concerning this matter, please call:

Abby van Oene

428

268-1914 ext 0020

at [REDACTED]

Name of Contact Person

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, of Status & Cer

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT
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. Fox Pest Control - Orlando West, 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.,"

2. Utah 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 4475 Parkbreeze Ct. 6. 1047 S 100 W ste 20
(Street Address of Principal Office) (Mailing Address)

Orlando, FL 32808
Logan, UT 84321

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

Name: Northwest Registered Agent LLC
Office Address: 7901 4th St N STE 300
St. Petersburg, Florida 33702
(City) (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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am fully aware of and accept the obligations of my position as registered agent.

Tom Glover

(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Michael Romney	<input type="checkbox"/> Manager	Name: Bryant White
<input checked="" type="checkbox"/> Member	Address: 203 N 8th E	<input checked="" type="checkbox"/> Member	Address: 265 N 390 W
<input type="checkbox"/> Authorized	Preston	<input type="checkbox"/> Authorized	Wellsville
Person	ID 83263	Person	Utah 84339
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

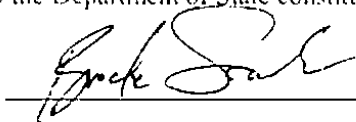
<input type="checkbox"/> Manager	Name: Clark Bown	<input type="checkbox"/> Manager	Name: Laken Kennington
<input checked="" type="checkbox"/> Member	Address: 292 W 300 N	<input checked="" type="checkbox"/> Member	Address: 91 E 900 S
<input type="checkbox"/> Authorized	Logan	<input type="checkbox"/> Authorized	Wellsville
Person	Utah 84321	Person	Utah 84339
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: Brock Searle	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 1047 S 100 W Ste 250	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Logan	<input type="checkbox"/> Authorized	_____
Person	Utah 84321	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes 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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate 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

Brock Searle

Typed or printed name of signer



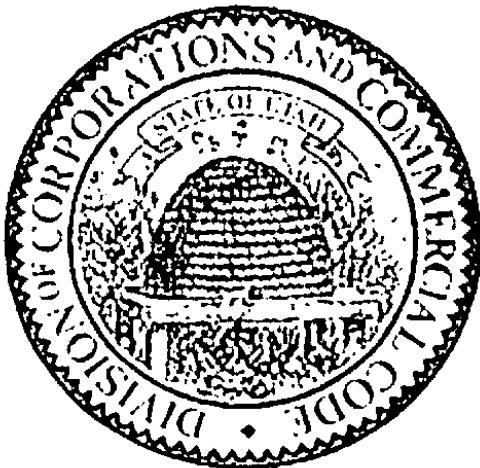
Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: <http://www.commerce.utah.gov>

12115531-0160022221

CERTIFICATE OF EXISTENCE

Registration Number:	12115531-0160
Business Name:	FOX PEST CONTROL - ORLANDO WEST, LLC
Registered Date:	January 15, 2021
Entity Type:	LLC - Domestic
Status:	Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the record business registrations, certifies that the business entity on this certificate is authorized to transact business duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent that Articles of Dissolution have not been filed).



Jason Sterzer
Director
Division of Corporations and Commercial Code