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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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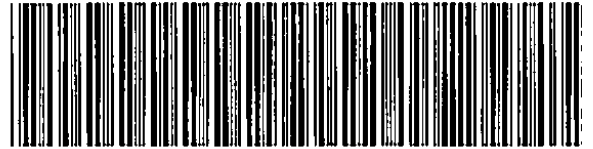
(Business Entity Name)

(Document Number)

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S. ROBERTS

FEB - 6 2023

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Modern Pest Solutions, LLC DBA Magna Pest Solutions, 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:

Kade Thomas

Name of Person

Modern Pest Solutions, LLC DBA Magna Pest Solutions, LLC

Firm/Company

4930 S Congress Ave Ste. 303c

Address

Austin, Texas 78745

City/State and Zip Code

ap@magnapest.com

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

For further information concerning this matter, please call:

Brennan Millet

225

206-1683

at ( )

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, 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. Magna Pest Solutions, 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. Texas  
(Jurisdiction under the law of which foreign limited liability company is organized)

3.   
(FEI number, if applicable)

4. 2/1/2023  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8641 Baypine Road  
(Street Address of Principal Office)

6. 4930 S Congress Ave  
(Mailing Address)

Ste. 101

Ste. 303c

Jacksonville, FL 32256

Austin, Texas 78745

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


Name: Kade Thomas

Office Address: 8641 Baypine Road Ste. 101

Florida 32256  
(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.

  
(Registered agent's signature)

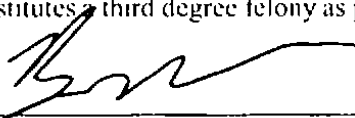
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Kade Thomas</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Brennan Millet</u>
<input type="checkbox"/> Member	Address: <u>4930 S Congress Ave</u>	<input type="checkbox"/> Member	Address: <u>4930 S Congress Ave</u>
<input type="checkbox"/> Authorized	<u>Ste. 303c</u>	<input type="checkbox"/> Authorized	<u>Ste. 303c</u>
Person	<u>Austin, Texas 78745</u>	Person	<u>Austin, Texas 78745</u>
<input checked="" type="checkbox"/> Other <u>CEO</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>CFO</u>	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Alexandra Bradshaw</u>	<input type="checkbox"/> Manager	Name: <u>Michelle Martin</u>
<input type="checkbox"/> Member	Address: <u>4930 S Congress Ave</u>	<input type="checkbox"/> Member	Address: <u>4930 S Congress Ave</u>
<input type="checkbox"/> Authorized	<u>Ste. 303c</u>	<input checked="" type="checkbox"/> Authorized	<u>Ste. 303c</u>
Person	<u>Austin, Texas 78745</u>	Person	<u>Austin, Texas 78745</u>
<input checked="" type="checkbox"/> Other <u>CoS</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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 only. Not 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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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

Brennan Millet

Typed or printed name of signee



## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Magna Pest Solutions, LLC (file number 803624684), a Domestic Limited Liability Company (LLC), was filed in this office on May 20, 2020.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 10, 2023.



A handwritten signature in black ink, consisting of stylized initials "JE" followed by a long horizontal line.

Jose A. Esparza  
Deputy Secretary of State