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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : E | CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)288-0845

Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Mcotter@rqn.com

Foreign Limited Liability Company Fox Pest Control LLC

Certificate of Status	0
Certified Copy	
Page Count	0.4
Estimated Charge	\$155.00

To:

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

IN COMPLIANCE WITH SECTION 665,0602, FLORIDA STATUTES, THE FOLLOWING INSUBMITTED TO REGISTER A POREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDAE Fox Pest Control LLC (Name of Foreign Limited Frability Company; must include "Fimited Enability Company," T. L.C., or "T.C.") (it issues insvialable, outer alternate nome adopted for the purpose of transacting business to bloods. The alternate name ones or shall "franted Franted Fran Texas durisdiction under the law of which foreign limited hability company is organized). March 7, 2023 (Date trust transacted business in Florida, it peros to registration.) (See sections 605 0904-8, 605,0905, F.5, to determine penalty habilities) 1047 South 100 West Ste 250 1047 South 100 West Ste 250 6. (Mailing Address) (Sieget Addiess of Principal Office) Logan, UT 84321 Logan, UT 84321 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: , Florida 33324 (Ap code) Plantation 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.

Mundele Hellard	Meredith Hellwig, Assistant Secretary
	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]:

Title or Capacity:	Name and Address:	Title or Capacii	<u>iy:</u>	Name and Address:
■ Manager	Name: Michael Romney	_Manager	Name:	
□Member	Address: 1047 South 100 West Ste 250	□Member	Address:	
□ Authorized	Logan, UT 84321	☐ Authorized		
Person		Person	······································	
□Other		□Other		_Other
Manager ■ Manager	Name: Bryant T. White	∐Manager	Name:	
□ Member	Address: 1047 South 100 West Ste 250	□ Member	Address:	
- Authorized	Logan, UT 84321	-Authorized		
Person		Person		
Other		□Other		Other
■Manager	Name: Jonathan C. Anderson	∐Manager	Name:	
- _{Member}	Address: 1047 South 100 West Ste 250	- _{Member}	Address:	
Authorized	Logan, UT 84321			
Person		Person		
Other	(){her	TOther		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.

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	Signature of an authorized person	
Michael Ronney, Manager		
	Typed or printed name of signee	

Corporations Section P.O.Box 13697 Auslin, Texas 78711-3697



Jane Nelson Secretary of State

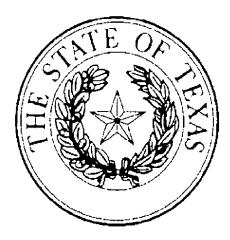
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document. Certificate of Formation for Fox Pest Control LLC (file number 801555474), a Domestic Limited Liability Company (LLC), was filed in this office on February 21, 2012.

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 March 01, 2023.



Jane Habran

Jane Nelson Secretary of State