

m 99000000 686



ACCOUNT NO. : 072100000032

REFERENCE : 224192 4376810

AUTHORIZATION : Patricia P.

COST LIMIT : \$ 285.00

ORDER DATE : April 30, 1999

ORDER TIME : 2:23 PM

ORDER NO. : 224192-005

CUSTOMER NO: 4376810

CUSTOMER: Ms. Julia Norris
Rollins, Inc.
2170 Piedmont Road

Atlanta, GA 30324

900002865899-6

FOREIGN FILINGS

NAME: ACURID RETAIL SERVICES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

Name	5/6/99
Availability	XX
Document	CERTIFIED COPY
Examiner	DCC
Document	PLAIN STAMPED COPY
Examiner	DCC
Document	CERTIFICATE OF GOOD STANDING
Examiner	DCC
Acknowledgement	DCC
W. P. Verifier	DCC

CONTACT PERSON: Tamara Odom

FILED
99 MAY -6 PM 4:05
99 MAY -6 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

m 99000000 686

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

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. ACURID RETAIL SERVICES, LLC
(Name of foreign limited liability company)
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 58-2458574
(FEI number, if applicable)
4. 4/15/99
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. May 1, 1999
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 608.503, F.S.))
7. 2170 Piedmont Road NE
Atlanta, GA 30324
(Street address of principal office)

8. List name, title, and business address of each managing member[MGRM] or manager[MGR] who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
<u>William N. Hackett</u> <u>2170 Piedmont Road, NE</u> <u>Atlanta, GA 30324</u>	<u>Director</u> (Manager)	<u>David S. Anderson</u> <u>8310 16th Street</u> <u>P.O. Box 902</u> <u>Sturtevant, WI 53177</u>	<u>Director</u> (Manager)
<u>William E. Newton</u> <u>2170 Piedmont Road, NE</u> <u>Atlanta, GA 30324</u>	<u>Director</u> (Manager)		
<u>David N. Fine</u> <u>8310 16th Street</u> <u>P.O. Box 902</u> <u>Sturtevant, WI 53177</u>	<u>Director</u> (Manager)		

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN
LIMITED LIABILITY COMPANY**

The undersigned member or authorized representative of a member of

ACURID RETAIL SERVICES, LLC certifies:

1) the above named limited liability company has at least one member;

2) the total amount of cash contributed by the member(s) is

\$4,000,000 ;

3) if any, the agreed value of property other than cash contributed by member(s) is

\$0 ;

(A description of the property is attached and made a part hereto.)

and

4) the total amount of cash and property contributed and anticipated to be contributed
by member(s) is

\$4,000,000 .

(This total includes amounts from 2 and 3 above.)

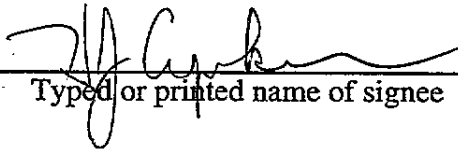


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this
affidavit constitutes an affirmation under the penalties of perjury that the facts
stated herein are true.)

Harry J. CYNKUS

Secretary / Treasurer
of Orkin, a Member



Typed or printed name of signee

Filing Fee: \$250.00 for Application and Affidavit

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

ACURID RETAIL SERVICES, LLC

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company

(Name)

1201 Hays Street

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee, FL 32301

City/State/Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 MAY -6 PM 4:05

FILED

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

By: Laura R. Dunlap

(Signature)

LAURA R. DUNLAP, Assistant Vice President

Filing Fee: \$ 35 for Designation of Registered Agent

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACURID RETAIL SERVICES, 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 FIFTH DAY OF MAY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

FILED
99 MAY -6 PM 4: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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991176770

9724715

05-05-99



Edward J. Freel

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: