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Form 1

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
00 FEB -7 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FL 32314
2000031262525-8
-02/07/00--01123-001
*****78.75 *****78.75

SUBJECT: World Class Termite & Pest Control, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input checked="" type="checkbox"/> \$78.75	<input type="checkbox"/> \$122.50	<input type="checkbox"/> \$131.25
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate	& Certified Copy	Certified Copy
			& Certificate

ADDITIONAL COPY REQUIRED

FROM: Elizabeth Dunn
Name (Printed or typed)

P.O. Box 473
Address

Lady Lake FL 32158-0473
City, State & Zip

(352) 259-2857 or 255-8293
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

1. The name of the corporation shall be: World Class Termite + Pest Control, Inc.
2. The principal place of business and mailing address of the corporation is: 131 Shenandoah Ave,
Lady Lake FL 32159 and mailing P.O. Box 473 Lady Lake FL
32158-0473
3. The corporation shall have the authority to issue 300 shares of stock.
4. The registered agent of the corporation is Tim Dunn and the
registered street address is 131 Shenandoah Ave Lady Lake
Florida 32159.
5. The initial Board of Directors shall have 1 member(s) whose name(s) and address(es)
is/are as follows: Elizabeth Dunn - 1232 Padgett CR -
Lady Lake FL 32159

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is Elizabeth Dunn whose
street address is 1232 Padgett CR Lady Lake FL 32159

Dated 1-31-00

Elizabeth Dunn
Incorporator

Having been named as registered agent and to accept service of process for the above stated corporation 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 am familiar with and accept the obligations of my position as registered agent.

Dated 1-31-00

[Signature]
Registered Agent

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TALLAHASSEE, FLORIDA