

P00000021781

Date: 02/14/2000

Secretary of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Animal Instincts Wildlife & Pest Management, Inc.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

Dustan Showers

Animal Instincts Wildlife & Pest Management, Inc.
1637 Owen Dr.
Clearwater, FL 33759
(727) 796-7740

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****122.50 *****78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

X. Rolfe MAR 02 2000

W00-4893



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 23, 2000

DUSTAN SHOWERS
ANIMAL INSTINCTS WILDLIFE & PEST MANAGEM
1637 OWEN DRIVE
CLEARWATER, FL 33759

SUBJECT: ANIMAL INSTINCTS WILDLIFE & PEST MANAGEMENT, INC.
Ref. Number: W00000004893

We have received your document for ANIMAL INSTINCTS WILDLIFE & PEST MANAGEMENT, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6933.

Teresa Brown
Corporate Specialist

Letter Number: 800A00009676

Animal Instincts Wildlife & Pest Management

1637 Owen Drive Clearwater, FL 33759
727/796-7740

02/28/00

Florida Department of State
Catherine Harris
Secretary of State

Subject: Animal Instincts Wildlife & Pest Management, Inc

To Whom It May Concern:

As of this date, 2/28/00, I have no intentions of reinstating Animal Instincts Wildlife & Pest Management, Inc.

Upon advise from my CPA, after filing to become a corporation, I filed no papers for Animal Instincts Wildlife & Pest, Inc., thus leaving it to dissolve.

I release the name ANIMAL INSTINCTS WILDLIFE & PEST MANAGEMENT, INC.

Signed Dustan C. Showers Dated 2/28/00
Dustan C. Showers

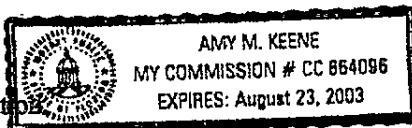
State of Florida
County of Pinellas

The foregoing instrument was acknowledged before me this
28th day of Feb. 2000 by Dustan C. Showers

X Amy M. Keene
Amy M. Keene

Personally Known ☒ Or Produced Identification ☐

Type of Identification Produced _____



ARTICLES OF INCORPORATION
Of
ANIMAL INSTINCTS WILDLIFE & PEST MANAGEMENT, INC.

FILED
00 MAR -1 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is: ANIMAL INSTINCTS WILDLIFE & PEST MANAGEMENT, INC.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging wildlife and pest control services permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue one thousand shares (1,000) of one Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The principal office, if known, or the mailing address of the corporation is:

NAME: Animal Instincts Wildlife & Pest Management, Inc.		
ADDRESS: 1637 Owen Dr.		
CITY: Clearwater,	FLORIDA	ZIP: 33759

The name and street address of the Initial Registered Agent of this Corporation is:

NAME: Dustan Showers		
ADDRESS: 1637 Owen Dr.		
CITY: Clearwater,	FLORIDA	ZIP: 33759

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have two (2) director(s) initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME: Dustan Showers		
ADDRESS: 1637 Owen Dr.		
CITY: Clearwater,	FLORIDA	ZIP: 33759
NAME: Christina Showers		
ADDRESS: 1637 Owen Dr.		
CITY: Clearwater,	FLORIDA	ZIP: 33759

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME: Dustan Showers		
ADDRESS: 1637 Owen Dr.		
CITY: Clearwater,	FLORIDA	ZIP: 33759
NAME: Christina Showers		
ADDRESS: 1637 Owen Dr.		
CITY: Clearwater	FLORIDA	ZIP: 33759

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 14th day of February, 2000.

_____(Seal)

_____(Seal)

_____(Seal)

State of Florida)

County of PINELLAS) SS

before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared:

Dustan Showers
Signature

FLORIDA DL - 5620-163-71-125-0
Form of Identification

Christina Showers
Signature

FLORIDA DL - 5620-101-71-563-0
Form of Identification

Signature

Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that THEY executed these Articles of Incorporation, that I relied upon the form DL of identification of the above named person S as indicated opposite each name, and that an oath (was) (was not) taken.

Witness my hand and official seal in the County and State last aforesaid this 14th day of FEBRUARY, 2000.



David W. Ormiston
Notary Signature

DAVID W. ORMISTON
Printed Notary Signature

**CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT**

CERTIFICATE OF REGISTERED AGENT OF

ANIMAL INSTINCTS WILDLIFE & PEST MANAGEMENT, INC.

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation at **1637 Owen Dr.,
Clearwater, FL 33759** has named **Dustan Showers** located at the aforesaid address, as
its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated
corporation at the place designated in this certificate, and being familiar with the
obligations of that position, I hereby accept to act in this capacity, and agree to comply
with the provisions of Florida Law in keeping open said office.

x Dustan Showers
(Registered agent)

FILED
00 MAR -1 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA