

P00000093290

TRANSMITTAL LETTER

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 SEP 29 PM 2:42

SUBJECT: FLORIDA SUN INTEGRATED PEST MANAGEMENT, INC.

ENCLOSED PLEASE FIND A COMPLETED ORIGINAL AND ONE COPY OF THE  
ARTICLES OF INCORPORATION AND CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE FOR THE ABOVE NAMED  
CORPORATION AND A CHECK IN THE AMOUNT OF \$122.50.

FROM:

Linette Jones Bellus  
7556 Seabreeze Dr.  
Lake Worth, Florida 33467  
(561) 433-1401

700003409767--8  
-09/29/00--01069--001  
\*\*\*\*122.50 \*\*\*\*\*78.75

gg 10/3/00

ARTICLES OF INCORPORATION  
OF  
***FLORIDA SUN INTEGRATED PEST MANAGEMENT, INC.***

The undersigned subscribers to these articles of incorporation, each a natural person competent to contract in the state of Florida, hereby associate themselves together to form a corporation for profit under the laws of the state of Florida.

**ARTICLE I. NAME**

The name of the corporation is:

**FLORIDA SUN INTEGRATED PEST MANAGEMENT, INC.**

**ARTICLE II. ADDRESS**

The address of the corporation shall be:

7556 SEABREEZE DRIVE  
LAKE WORTH, FL 33467

**ARTICLE III. NATURE OF BUSINESS**

The general nature of business to be transacted by this corporation is any business or business activity permitted under the laws of the state of Florida and of the United States of America.

**ARTICLE IV. CAPITAL STOCK**

The maximum number of shares of stock this corporation is authorized to have outstanding at any one time is 1,000 thousand shares of common stock with a par value of one dollar per share.

**ARTICLE V. TERM OF EXISTENCE**

This corporation shall exist perpetually.

**ARTICLE VI. REGISTERED OFFICE AND AGENT**

The name and street address of the initial registered agent of this corporation in the State of Florida is:

Dennis P. Flynn, CPA      3898 Poinciana, Suite #13, Lake Worth, Florida    33467

**ARTICLE VII. DIRECTORS**

This corporation shall have two directors initially. The number of directors may be increased from time to time, by by-laws adopted by the shareholders, but shall never have less than one director.

FILED  
STATE OF FLORIDA  
00 SEP 29 PM 2:42

**ARTICLE VIII. INITIAL DIRECTORS**

The names and addresses of the first member of the board of directors are:

Linette Jones Bellus 7556 Seabreeze Drive, Lake Worth, Florida 33467  
Robert A. Bellus 7556 Seabreeze Drive, Lake Worth, Florida 33467

**ARTICLE IX. INCORPORATORS**


The names and addresses of the incorporator of these articles of incorporation are:

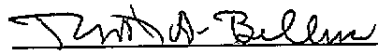
Linette Jones Bellus 7556 Seabreeze Drive, Lake Worth, Florida 33467  
Robert A. Bellus 7556 Seabreeze Drive, Lake Worth, Florida 33467

**ARTICLE X. AMENDMENT**

These articles of incorporation may be amended in the manner provided by law. Every amendment shall be approved by the board of directors, proposed to them by the shareholders, and approved by the shareholders at a stockholders meeting by a majority of the stock entitled to vote thereon.

IN WITNESS WHEREOF, WE HAVE MADE AND SUBSCRIBED THESE ARTICLES OF INCORPORATION THIS 26 DAY OF Sept 2000.

  
Linette Jones Bellus

  
Robert A. Bellus

STATE OF FLORIDA  
COUNTY OF PALM BEACH

I hereby certify that on this day, before me, a notary public duly authorized in the state and county named above to take acknowledgments, personally appeared LINETTE JONES BELLUS AND ROBERT A. BELLUS to me known to be the persons described as incorporators in and who executed the foregoing articles of incorporation, acknowledged before me that they subscribed to these articles of incorporation.

WITNESS MY HAND AND SEAL IN THE COUNTY AND STATE NAMED ABOVE THIS  
26 DAY OF Sept 2000.

MY COMMISSION EXPIRES:



Conni Alvarae  
MY COMMISSION # CC842950 EXPIRES  
June 3, 2003  
BONDED THRU TROY FAIR INSURANCE, INC.

  
Notary Public

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 29 PM 2:42


PERSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:

FLORIDA SUN INTEGRATED PEST MANAGEMENT, INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

Dennis P. Flynn, CPA  
3898 Poinciana, Suite #13  
Lake Worth, Florida 33467

  
Signature

Title: PRESIDENT

9-26-2000  
Date

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 THE CAPACITY. I FURTHER AGREE TO COMPLY WITH ALL 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.

  
Signature

9/26/00  
Date