

TRANSMITTAL LETTER

PO10000064159

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

200004439902--8  
-06/25/01--01130--022  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: Josephine's PEST MANAGEMENT SERVICE, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☒ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
ADDITIONAL COPY REQUIRED

FROM: JOSEPHINE D. ROBERTS  
Name (Printed or typed)

6035 KRACKER AVE.  
Address

GIBSONTON, FL 33534  
City, State & Zip

813 677-2198  
Daytime Telephone number

FILED  
01 JUN 25 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

G. BULLOCK JUN 28 2001

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# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

JOSEPHINE'S PEST MANAGEMENT SERVICE, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6035 KRACKER AVE.  
GIBSONTON, FL 33534

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PEST MANAGEMENT SERVICES

## ARTICLE IV SHARES

The number of shares of stock is:

100 @ ~~1~~ PAR VALUE

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

JOSEPHINE D. ROBERTS      President, Sec. + Treasurer  
CHARLES L. ROBERTS SR.      Vice President

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

JOSEPHINE D. ROBERTS  
6035 KRACKER AVE  
GIBSONTON, FL 33534

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOSEPHINE D. ROBERTS  
6035 KRACKER AVE  
GIBSONTON, FL 33534

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Josephine Roberts  
Signature/Registered Agent

6-20-01  
Date

Josephine Roberts  
Signature/Incorporator

6-20-01  
Date

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TALLAHASSEE, FLORIDA