

PD1000091388  
TRANSMITTAL LETTER

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

SUBJECT: Agricultural Pest Management, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

600004588626--8  
-09/14/01--01053--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed are 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: Kathy Carbiener  
Name (Printed or typed)

P.O. BOX 97  
Address

Ft. OGDEN, Florida 34267  
City, State & Zip

(863) 494-3112  
Daytime Telephone number

FILED  
01 SEP 14 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

PS 1/18/01

FILED

01 SEP 14 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

Agricultural Pest MANAGEMENT, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

P.O. BOX 97  
Ft OGDEN, FLORIDA 34267

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

CONSULTING

**ARTICLE IV SHARES**

The number of shares of stock is: 500

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

Kathy Carbiener - President  
P.O. BOX 97  
Ft. OGDEN, FLORIDA 34267

**ARTICLE VI REGISTERED AGENT**

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

Kathy Carbiener  
8644 SW Reese Street  
Arcadia, FLORIDA 34266

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Kathy Carbiener  
P.O. BOX 97  
Ft. OGDEN, FLORIDA 34267

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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

Kathy Carbiener  
Signature/Registered Agent

9-10-01  
Date

Kathy Carbiener  
Signature/Incorporator

9-10-01  
Date