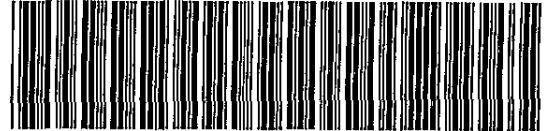


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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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## TRANSMITTAL LETTER

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

SUBJECT: Enviro-Tech Termite & Pest Control INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

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

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

**ADDITIONAL COPY REQUIRED**

FROM: Michael L. Wheeler  
                    Name (Printed or typed)

177 Palmer St. Suite #C  
                    Address

ST. Augustine, FL. 32084  
                    City, State & Zip

(904) 819-5664  
                    Daytime Telephone number

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

**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:

Enviro-Tech Termite & Pest Control INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

177 Palmer St. Suite #C ST. Augustine, FL 32084

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Termite & Pest Control, Home Inspections

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000 / One Thousand Shares

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

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

Michael L. Wheeler / President / 177 Palmer ST. Suite # C ST. Augustine, FL. 32084

Gail Weaver / Vice President

**ARTICLE VI REGISTERED AGENT**

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

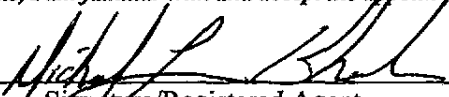
Michael L. Wheeler / 177 Palmer ST. Suite # C St. Augustine, FL. 32084

**ARTICLE VII INCORPORATOR**

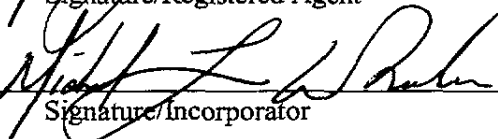
The name and address of the Incorporator is:

Michael L. Wheeler / 177 Palmer ST. Suite # C ST. Augustine, FL. 32084

\*\*\*\*\*  
*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*

  
\_\_\_\_\_  
Signature/Registered Agent

06/01/03  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

06/01/03  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA