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TRANSMITTAL LETTER

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

SUBJECT:M	arshalls Pest Managem (PROPOSED CORPORATE N	ent Inc. AME - MUST INCLUDI	E SUFFIX)	
Enclosed is an origin	nal and one(1) copy of the articles	s of incorporation and a	check for:	
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
	FF	ROM:		
	<u>Stan Valentour</u> Name (Pri	nted or typed)		T 4 # 1 .4 M . 4
	5921 Groveline	Dr. Idress		
	Orlando Fl. 328 City, S	10		১ ১৮ গেলা উন্নত্ন এই
	<u>(407) 521–5427</u> Daytime Tel	ephone 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:

Marshalls Rest Management Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 5921 Groveline Dr. Orlando F1 32810

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A Pest Management business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Stan Valentour Owner / Operator LouAnn Valentour, V.P. 5921 Groveline Dr. Orlando Fl. 32810

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ARTICLE VI REGISTERED AGENT

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

Stanley valentour 5921 Groveline Dr. Orlando, Fl. 32810

Stan Valentam

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

Stanley Valentour 5921 Groveline Dr. Orlando Fl. 32810

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

mature/Incorporator