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## TRANSMITTAL LETTER

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

SUBJECT: PEST EXTINCTION SERVICES AND PRODUCTS INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: Filing Fee & Certified Copy \$70.00 \$78.75 **□** \$78.75 **2** \$87.50 Filing Fee Filing Fee, Filing Fee & Certificate of Status Certified Copy & Certificate of ADDITIONAL COPY REQUIRED FROM: STEPHEN E. HICKS

Name (Printed or typed) 352 JASMINE RUAD Address ST. AUGUSTINE FL 32086
City, State & Zip

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

(904) 794 – 0957

Daytime Telephone number

## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I The name of the corporation shall be: PEST EXTINCTION SERVECES AND PRODUCTS PRINCIPAL OFFICE The principal place of business/mailing address is: JASMINE ROAD The purpose for which the corporation is organized is: PEST CONTROL AND INFORM ATTONAL ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): STEPHEN E. HICKS 352 JASMINE ROAD FL. ST. AUGUSTINE ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: STEPHEN E. HICKS ST. AUGUSTINE FL. 32086 352 JASMINE AUAD ARTICLE VII INCORPORATOR The name and address of the Incorporator is: STEPHENE. HICKS 352 JASMINE RUAD FL. 32086 ST. AUGUSTINE 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

Signature/Incorporator

01-01-04