

PO40000063171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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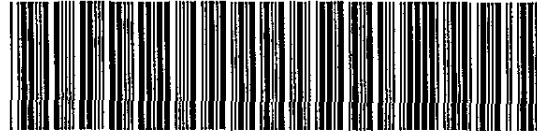
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2004 APR 12 PM 4:35
CLERK OF STATE
TALLAHASSEE FLORIDA

for 4/15/04

TRANSMITTAL LETTER

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

2004 APR 12 PM 4:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: GroTech Pest Services, 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
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:

Robert H. Fisher

Name (Printed or typed)

5840 Red Bug Lake Rd Suite 45

Address

Winter Springs, FL 32708

City, State & Zip

407-920-9191

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:

GroTech Pest Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5840 Red Bug Lake Rd. Suite 45
Winter Springs, Fl. 32708

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide lawn and ornamental pest control services

ARTICLE IV SHARES

The number of shares of stock is:

2 (two)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Bobby J. Hines 1020 Turtle Creek Dr. Oviedo, Fl 32765 - President

Robert H. Fisher 623 Mariner Way Altamonte Springs, Fl 32701 - Vice President

ARTICLE VI REGISTERED AGENT

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

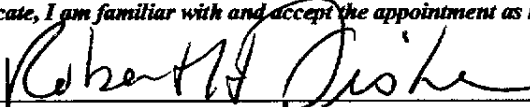
Robert H. Fisher 5840 Red Bug Lake Rd. Suite 45
Winter Springs, Fl. 32807

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Bobby J. Hines 1020 Turtle Creek Dr. Oviedo, Fl

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

4-9-04

Date



Signature/Incorporator

4-9-04

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA