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TRANSMITTAL LETTER

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

SUBJECT: Cander	Pest Control Solutions Incorpora (PROPOSED CORPORA	NTE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:	7
☐ \$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	
EDOM.	Juan J. Gonzalez	ADDITIONAL CO	PY KEQUIKED	j
FROM:		e (Printed or typed)		
	888 W. 47th Street			2 40
		Address	<u> </u>	06 NNF 40
-	Miami Beach, FL 33140 City, State & Zip			10 PH
	City	, state & Lip		
	305 534 9348			ဌာ
	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:

Caliber Pest Control Solutions Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 888 W. 47th Street Miami Beach, FI 33140

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

A liability company for pest control management.

ARTICLE IV SHARES

The number of shares of stock is: 100

INITIAL OFFICERS AND/OR DIRECTORS

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

Juan J. Gonzalez-President 888 W. 47th Street

Miami Beach, FL 33140

Lorraine R. Okur-Vice President

888 W 47th Street Miami Beach, Fl 33140 Egidio E. Gonzalez-Director 150 Alton Road #414 Miami Beach, FI 33139

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:

Juan J. Gonzalez 888 W. 47th Street Miami Beach, FI 33140

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Juan J. Gonzalez 888 W. 47th Street Miami Beach, FI 33140

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificale, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered

Signature/Incorporator

Date