

P04000119776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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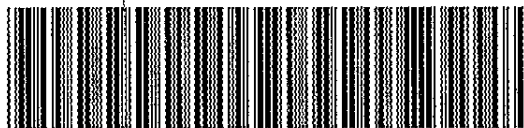
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2004 AUG 18 P 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

## TRANSMITTAL LETTER

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

SUBJECT: PEGASUS I Management Services, ~~LLC~~  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) corporation

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: Kimberley A. Martini  
Name (Printed or typed)

P.O. Box 411600  
Address

Melbourne, Fla 32941-1600  
City, State & Zip

321-636-1859 / 604-6502  
Daytime Telephone number

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

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TALLAHASSEE, FLORIDA

# 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:

(S)  
PEGASUS I MANAGEMENT SERVICES CORP.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 411600, Melbourne, Fla  
32941

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Corporation  
new Pest Management comp.  
office and Management of Restaurant acctg service

## ARTICLE IV SHARES

The number of shares of stock is:

100 Shares - Kimberley Martini - Only

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Kimberley Martini - CEO, Pres, &  
PO Box 411600 Melbourne, Fla 32941  
John Martini, v. Pres. - PO Box 411600, Melbourne F.  
Director 32941

## ARTICLE VI REGISTERED AGENT

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

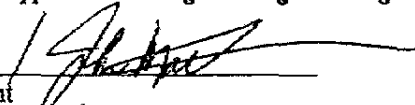
John Martini  
17 Bonaventure Ct., Rockledge, FL 32955

## ARTICLE VII INCORPORATOR

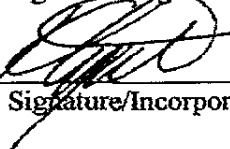
The name and address of the Incorporator is:

Kimberley Anne Martini  
P.O. Box 411600  
Melbourne Fla 32941

\*\*\*\*\*  
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

John Martini /   
Signature/Registered Agent

8-18-04  
Date

 17 Bonaventure Ct.  
Signature/Incorporator Rockledge, FL

8-18-04  
Date